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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001997
STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY LINCOLN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BEDFORD TOWNSHIP — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LINCOLN Co. Hosp. — Length of stay in 1b 2 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY LINCOLN
c. CITY OR TOWN ELSBERRY 0570 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 3 mi. N.W. of Els. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First EWEN Middle ERNEST Last WOMBLE
4. DATE OF DEATH Month JAN. Day 3, Year 1959

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Nov. 22, 1882
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING - RETIRED
10b. KIND OF BUSINESS OR INDUSTRY own farm
11. BIRTHPLACE (City and state or country) ELSBERRY, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME SAMUEL D. WOMBLE
13b. MOTHER'S MAIDEN NAME SARAH LIGON
14. NAME OF HUSBAND OR WIFE MAUDE WOMBLE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. YES-
17. INFORMANT MAUDE WOMBLE Address ELSBERRY, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cordio Renal Vascular disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10/20/58, to Jan 3-59 and last saw ~~her~~ him alive on Jan 3-1959
Death occurred at 1:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J C Creech MD
22b. ADDRESS Troy Mo
22c. DATE SIGNED 1/7/59

23a. BURIAL, CREMATION, REMOVAL (Specify) ENTOMBMENT
23b. DATE 1-5-59
23c. NAME OF CEMETERY OR CREMATORY CITY CEM. MAUSOLEUM
23d. LOCATION (City, town, or county) (State) ELSBERRY, Mo

24. FUNERAL DIRECTOR O. C. Ricks ADDRESS Elsberry, Mo
25. DATE RECD. BY LOCAL REG. 1-7-1959
26. REGISTRAR'S SIGNATURE Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MS MAR 1 2 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4017

P. O. Address Elsberry, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.