

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **19142**

FILED JUN 20 1949

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4197</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry</u>		c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry</u>		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>9</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>Jr</u>		c. (Last) <u>SOMMA</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 10-1879</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>		9. AGE (In years last birthday) <u>69</u>		11. BIRTHPLACE (State or foreign country) <u>Gentry MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Pete Somma</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E. Canady</u>		14. NAME OF HUSBAND OR WIFE <u>Robt Somma</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>485-14-0138</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruby Somma</u>		ADDRESS <u>Stanberry</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-22</u> , 19 <u>49</u> , to <u>5-24</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-24</u> , 19 <u>49</u> , and that death occurred at <u>9 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles H. Williamson D.O.</u>				23b. ADDRESS <u>Gentry MO</u>		23c. DATE SIGNED <u>5-25-49</u>	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Buried</u>		24b. DATE <u>5/29/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cornack</u>		24d. LOCATION (City, town, or county) (State) <u>N.E. of Stanberry MO</u>	
DATE REC'D BY LOCAL REG. <u>June 6-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Edith Childs</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Latoyl H. Phillips</u>		ADDRESS <u>Stanberry MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. C. N. Williamson

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.~~

Signed.....
Student Embalmer

Signed

Victor F. Phillips

Licensed Embalmer No. 1898

P. O. Address *Stonbury Md*

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