

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33362

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 240

1. PLACE OF DEATH a. COUNTY <u>Missouri</u> - Cole		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>	
c. LENGTH OF STAY (in this place) <u>5 Day</u>		OR TOWN <u>5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>308 Russell</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GRETRUDE</u> b. (Middle) <u>SOMMER</u> c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 29, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 4, 1860</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>25</u>	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Pa., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Bode</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kern</u>	14. NAME OF HUSBAND OR WIFE <u>John B. Sommer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Joseph Adair</u>	ADDRESS <u>J. C. Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Pneumonia Hypostatic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5600</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Strangulated Inguinal</u>		
	DUE TO (c) <u>Lymia (Reduced)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Demility</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 10-18, 1949 to 10-29, 1949, that I last saw the deceased alive on 10-28, 1949, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Oszman MD</u> (Degree or title)	23b. ADDRESS <u>Jefferson City, Mo</u>	23c. DATE SIGNED <u>10/31/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 31, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Deary Bend</u>	24d. LOCATION (City, town, or county) (State) <u>Osage Bend Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 1-1949</u>	REGISTRAR'S SIGNATURE <u>R.P. Darrin MD - NR</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Rulle</u>	ADDRESS <u>J. C. Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

District File Number
District Health Officer No. 96
NOV 7 1918
RECEIVED

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
Student Embalmer

Signed

Sylvester Quille

Licensed Embalmer No. 4521

P. O. Address *Jefferson City, 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 this body is not embalmed, fact should be so stated above.