

FILED MAY 3 1950

STANDARD CERTIFICATE OF DEATH

State File No. 135242

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DeSoto		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DeSoto	
c. LENGTH OF STAY (In this place) 50 years		d. STREET ADDRESS (If rural, give location) 702 Jefferson St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 702 Jefferson St.			

3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) — c. (Last) Sommers			4. DATE OF DEATH (Month) (Day) (Year) April 19, 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 19, 1860		9. AGE (In years last birthday) 89		10. UNDER 1 YEAR 14 UNDER 14 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Sommers		13b. MOTHER'S MAIDEN NAME Wilhelmina Sommers	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward Fink DeSoto Mo.	
--	--	----------------------------------	--	---	--

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, chronic with myocardial insufficiency. INTERVAL BETWEEN ONSET AND DEATH 1 year. ANTECEDENT CAUSES arteriosclerotic heart disease. 1 year. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) — DUE TO (c) — II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
---	--	---	--

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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		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 **Jan 1, 1947**, to **April 19, 1950**, that I last saw the deceased alive on **April 2, 1950**, and that death occurred at **3:00 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.		23b. ADDRESS DeSoto, Mo.		23c. DATE SIGNED 4-20-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 21, 1950		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
24d. LOCATION (City, town, or county) (State) DeSoto, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Donnell B. Dittel		ADDRESS DeSoto, Mo.	
DATE REC'D BY LOCAL REG. 4-27-50		REGISTRAR'S SIGNATURE Marie Harrier			

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

050 n

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 5-1-50

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 _____

Serg. F. Milster

Student Embalmer No. 346

working under my personal supervision.

Signed *Serg. F. Milster*
Student Embalmer

Signed *Donnell B. Dietrich*

Licensed Embalmer No. 4104

P. O. Address Debate 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.