

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15671

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY: <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission) a. STATE: <u>Mo</u> b. COUNTY: <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>East Wash twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>24-10-17</u>		d. STREET ADDRESS (If rural, give location) <u>405 E 13"</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph #3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAUD C. SOMMER</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>5-2-50</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-19-1894</u>
9. AGE (In years) Last birthday: <u>55</u> Months: <u>11</u> Days: <u>13</u>		9. AGE (In years) If UNDER 1 YEAR: _____ If UNDER 2 HRS. _____	
10a. USUAL OCCUPATION (The kind of work done during most of working life even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Russellville Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Newbold</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Williams</u>	14. NAME OF HUSBAND OR WIFE <u>A. F. Sommer</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital record, Nevada</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>194X</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma of uterus</u> INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (a) <u>✓</u> DUE TO (b) <u>✓</u> DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</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)	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)	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>5-2</u> , 19 <u>50</u> to <u>5-2</u> , 19 <u>50</u> that I last saw the deceased alive on <u>5-2</u> , 19 <u>50</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. H. Hall M.D.</u>		23b. ADDRESS <u>Nevada Mo</u>	23c. DATE SIGNED <u>5-2-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-4-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park Nevada</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
DATE REC'D BY LOCAL REG. <u>May 4, 1950</u>	REGISTRAR'S SIGNATURE <u>W. Allyn H. Spence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen E. Hayes</u>	ADDRESS <u>Nevada, Mo.</u>

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

1080
27

0804

RECEIVED - 5-9-50
District Health Officer No. 7
District File Number 4-50-47
Date Filed 5-9-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Bert B. Bennett
Licensed Embalmer No. 4656

P. O. Address Nevada, N

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.