

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

36021

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>314</u>			
1. PLACE OF DEATH a. COUNTY <u>Adaor</u>				2. USUAL RESIDENCE (Where deceased lived: If institution, residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Adaor</u>					
b. CITY (If outside corporate limits, write BURAL and give township) <u>Kirkville</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write BURAL and give township) <u>Kirkville</u>		d. STREET ADDRESS (If rural, give location) <u>Kirkville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin</u>				d. STREET ADDRESS (If rural, give location) <u>Kirkville</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gracie</u> b. (Middle) <u>Opal</u> c. (Last) <u>Sohn</u>			4. DATE OF DEATH (Month) <u>Nov</u> (Day) <u>8</u> (Year) <u>50</u>						
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>7, 31 1883</u>			
9. AGE (In years, last birthday) <u>67</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during last 12 months, or if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Millard, Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Henry Sohn</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Sholly</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Geo Golden</u>			ADDRESS <u>Kirkville, Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinoma of lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of breast</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>weeks</u> <u>yes</u> <u>170X</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) (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>11/2</u> , 19 <u>50</u> , to <u>11/6</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11/6</u> , 19 <u>50</u> , and that death occurred at <u>7:30 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Adam Cluse</u>			23b. ADDRESS <u>PO Box Kirkville, Mo</u>			23c. DATE SIGNED <u>11/7/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov, 8, 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bear Creek</u>		24d. LOCATION (City, town, or county) (State) <u>No. of Kirkville Mo</u>			
DATE REC'D BY LOCAL REG. <u>11-18-50</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis Funeral Home</u>			ADDRESS <u>Kirkville</u>	

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

Date Received: NOV 22 1964
DISTRICT HEALTH OFFICE #2
District File Number 11-50-1964
Date Filed: NOV 25 1964

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 _____

Clarence M. Billo

Signed.....

Student Embalmer

Licensed Embalmer No. 4375

P. O. Address *Kirkville, 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.