

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36662

State File No. ....

FILED DEC 13 1951

BIRTH NO. _____		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>5245</u>		Registrar's No. <u>64</u>	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Keytesville, Twp.</u>		c. LENGTH OF STAY (in this place) <u>6-Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Keytesville, Twp.</u>		<u>0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dr. Fowler's car Highway #24</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Keytesville, Twp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elma</u> b. (Middle) <u>Cleo</u> c. (Last) <u>Sommerfeld</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 4th, 1951</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>Aug. 25th, 1914</u>		9. AGE (In years last birthday) <u>37</u>	if UNDER 1 YEAR Months <u>3</u> Days <u>8</u>	if UNDER 24 Hrs. Hours <u>1</u> Min. <u>0</u>
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 <u>house work</u>		11. BIRTHPLACE (State or foreign country) <u>Mendon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David McGollum</u>		13b. MOTHER'S MAIDEN NAME <u>Elva Alexander</u>		14. NAME OF HUSBAND OR WIFE <u>Ludwig Sommerfeld</u>			
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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ludwig Sommerfeld Keytesville, 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>Mitral stenosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6-7 years</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>influenza</u>					<u>1 day</u>	
	DUE TO (c) <u>Rheumatic fever</u>					<u>7 years</u>	
	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  <u>481x</u>						
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 _____, 19____, to <u>12/4</u> , 1951, that I last saw the deceased alive on <u>12/4</u> , 1951, and that death occurred at <u>3:20A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wenwood Fowler</u>				23b. ADDRESS <u>Keytesville, Mo.</u>		23c. DATE SIGNED <u>12/4/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 8th, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>German Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chariton County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12/7/51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Keytesville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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Date Received: DEC 1 0 1951  
DISTRICT HEALTH OFFICE  
District File Number 12-  
Date Filed: DEC 1 1 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*A. D. Grant*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3046*

P. O. Address *Key Bank Bldg*

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.