

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **25174**
3430

FILED JUL 28 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 8 Yrs.		d. STREET ADDRESS (If rural, give location) 707 West 85th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 707 West 85th Street		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

3. NAME OF DECEASED (Type or Print)	a. (First) ELIZABETH	b. (Middle) JOHANNA	c. (Last) SONNEN	4. DATE OF DEATH (Month) (Day) (Year) 7-8-53
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 21, 1867	9. AGE (In years last birthday) 85	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 HR. Hours	10. UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Prairie Home, Missouri
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13a. FATHER'S NAME Nicholas Heinen	13b. MOTHER'S MAIDEN NAME Mary Franken	14. NAME OF HUSBAND OR WIFE Joseph H. Sonnen
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Sterling Ford	ADDRESS Kansas City, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General arterio sclerosis with hypertension	DUE TO (b) My peritonitis	5 yrs
ANTECEDENT CAUSES	II. OTHER SIGNIFICANT CONDITIONS		
<i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	<i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	Cerebral arterio sclerosis	2 yrs
		Colitis	7 Mo
			2 week

19a. DATE OF OPERATION No	19b. MAJOR FINDINGS OF OPERATION 334A	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	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) (Min.)	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 May, 1952, to July 8, 1953, that I last saw the deceased alive on July 6, 1953, and that death occurred at 6:51 P.M., from the causes and on the date stated above.

23a. SIGNATURE Leo A. O'Brien M.D.	(Degree or title)	23b. ADDRESS 1002 Argyle St. Mo.	23c. DATE SIGNED 7-9-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-9-53	24c. NAME OF CEMETERY OR CREMATORY —	24d. LOCATION (City, town, or county) (State) California, Missouri
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DATE REC'D BY LOCAL REG. 7-9-53	REGISTRAR'S SIGNATURE Deraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary	ADDRESS Kansas City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

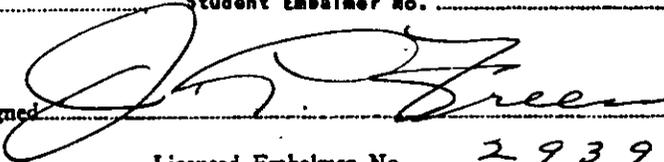
T. Lee O'Brien
L. A. Murphy's Hospital
Surgery Waiting Room
9:15 A.M.

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
Student Embalmer

Signed  _____
Student Embalmer No. _____

Licensed Embalmer No. 2939

P. O. Address K. C. W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.