

0590

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

BIRTH NO. _____ REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 5701 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Green Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Green Twp</u>	
c. LENGTH OF STAY (In this place) <u>41 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2-1/2 Miles S.W. of Utica, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2-1/2 Miles S.W. of Utica, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>2-1/2 Miles S.W. of Utica, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>GEORGE</u> c. (Last) <u>SOMMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29, 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>April 4, 1885</u>
9. AGE (In years of exact birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John George Sommer Sr.</u>	
13b. MOTHER'S MAIDEN NAME <u>Mathilde Hoffman</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Brown;</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 <u>Clara Brown;</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> ANTECEDENT CAUSES Morbid 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 <u>4-201</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)	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>None</u> , 19____, to _____, 19____, that I last saw the deceased alive on <u>Nov. 29, 1954</u> , and that death occurred at <u>7 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph P. Conrad</u> (Doctor) (Degree or title)		23b. ADDRESS <u>Chillicothe, Mo</u>	23c. DATE SIGNED <u>Nov 30-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1 Dec. 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Utica Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Utica, Missouri (Liv. Co.)</u>
DATE REC'D BY LOCAL REG. <u>Dec. 7, 1954</u>	REGISTRAR'S SIGNATURE <u>Lester L. Ewing</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>175</u>	ADDRESS <u>NORMAN FUNERAL HOME; Chillicothe, Mo.</u>

FEB 9 1956

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

Joseph M. Gibson

Licensed Embalmer No. 4769

P. O. Address Chillicothe, 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.