

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **648**
Registrar's No. **43**

Dr. Sugarbaker
FILED FEB 15 1955

REG. DIST. NO. **77**

PRIMARY REG. DIST. NO. **5303**

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

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) Town Jeffer Twshp		c. CITY OR TOWN Jefferson City	
c. LENGTH OF STAY (In this place) 50yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION R4 - Jefferson City, Mo.		e. STREET ADDRESS (If rural, give location) R.R.#4, Jefferson City, Mo	
3. NAME OF DECEASED (Type or Print) a. (First) Martin b. (Middle) George c. (Last) Sommerer		4. DATE OF DEATH (Month) (Day) (Year) Feb 8 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov-30-1896
9. AGE (In years) (last birthday) 58		IF UNDER 1 YEAR Months 58 Days 0 Hours 0 Min.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (City and State or Foreign Country) Cole County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Lorenz Sommerer		13b. MOTHER'S MAIDEN NAME Margaret Beck	
14. NAME OF HUSBAND OR WIFE None		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. NO.		17. INFORMANT'S SIGNATURE OR NAME S.J. Sommerer, Jefferson City, Mo	
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, assthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 year.	
I. DISEASE OR CONDITION* DIRECTLY LEADING TO DEATH* (a) Carcinoma pancreas.		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 157X	
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 Dec 1954 , to Feb. 8, 1955 , that I last saw the deceased alive on Feb 7, 1955 and that death occurred at 8:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Leon A. Daylor M.D.		23b. ADDRESS Jefferson City, Mo	
23c. DATE SIGNED 2-9-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb-10-1955	
24c. NAME OF CEMETERY OR CREMATORY Honey Creek Cemetery		24d. LOCATION (City, town, or county) (State) Honey Creek, Missouri	
DATE REC'D BY LOCAL REG. Feb 9-1955		REGISTRAR'S SIGNATURE R. P. Davis	
25. FUNERAL DIRECTOR'S SIGNATURE W. J. Gordon		ADDRESS Jefferson City, Mo	

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.....
Signature of Student Embalmer

Signed.....
Shorpe J. Jordan

Licensed Embalmer No. 178

P. O. Address.....
Jeff City

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.