

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15928**

No. 300
10.48

FILED MAY 23 1955

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

BIRTH NO. _____		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. 5667		Registrar's No. 54	
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Troy-Rural		c. LENGTH OF STAY (In this place) 19 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wentzville		0929	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln County Memorial Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Annie			b. (Middle) Sommer			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) May 16, 1955							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 18, 1882	
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties			10b. KIND OF BUSINESS OR INDUSTRY Home Duties			11. BIRTHPLACE (City and State or Foreign Country) Dardenne Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.							
13a. FATHER'S NAME Casper Ross			13b. MOTHER'S MAIDEN NAME Anna Stacia Hanebry			14. NAME OF HUSBAND OR WIFE Frank Sommer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Adele Graham Wentzville, Mo.			
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) Pulmonary Edema					INTERVAL BETWEEN ONSET AND DEATH 48 HRS
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Degeneration 1 Mo.					
		DUE TO (c) Generalized arteriosclerosis 2 yrs.					
		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 4221				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 May 1, 1955 , to May 16, 1955 , that I last saw the deceased alive on 5/15, 1955 , and that death occurred at 12:10 PM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H.C. Mc Murray M.D.				23b. ADDRESS Wentzville Mo.		23c. DATE SIGNED 5/17/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 18, 1955		24c. NAME OF CEMETERY OR CREMATORY St. Patricks Cemetery		24d. LOCATION (City, town, or county) (State) Wentzville, Missouri	
DATE REC'D BY LOCAL REG. 5-21-55		REGISTRAR'S SIGNATURE Emma B. Riddle		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tulton J. Pitman Wentzville Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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..... *Jaalton J. Pitman*

Licensed Embalmer No. *4974*

P. O. Address *Wentville*

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.