

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36337

BIRTH NO. 970 55723-55 77 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 326

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) OR TOWN Jefferson City		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 3 miles south 54 highway	
		d. STREET ADDRESS (If rural, give location) Rural Jefferson Township	
3. NAME OF DECEASED (Type or Print) Diane Lynn Sommers		4. DATE OF DEATH (Month) (Day) (Year) Nov. 15, 1966 1955	
5. SEX Female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant		8. DATE OF BIRTH Oct. 5, 1955	
9. AGE (In years last birthday) 11		10. # UNDER 1 YEAR 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY infant	
11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Erhardt Sommers		13b. MOTHER'S MAIDEN NAME Elma Goldammer	
14. NAME OF HUSBAND OR WIFE infant			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Erhardt Goldammer		ADDRESS Jefferson City, 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) Cachexia  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 7730 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	
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 5 Oct, 1955, to 15 Nov, 1955, that I last saw the deceased alive on 15 Nov, 1955, and that death occurred at 4:00 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R. P. Darrin, M.D.		23b. ADDRESS Jefferson City, Mo.	
23c. DATE SIGNED 16 Nov. 55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 16, 1955	
24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	
DATE REC'D BY LOCAL REG. 16 Nov 1955		REGISTRAR'S SIGNATURE R. P. Darrin	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
26. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

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 Victor Deuschel

Licensed Embalmer No. 3701

P. O. Address Jefferson 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 this body is not embalmed, fact should be so stated above.