No. 300
10-48

FILED APR 10 1957

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

8908

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1308

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 43 YRS. 2
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN 13 Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 814 Troost Avenue

3. NAME OF DECEASED (Type or Print) a. (First) EVERETTE b. (Middle) RAY c. (Last) SOMMERVILLE

4. DATE OF DEATH (Month) March (Day) 18 (Year) 1957

5. SEX Male
6. COLOR OR RACE white
7. ~~MARRIED, NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify) widowed
8. DATE OF BIRTH Dec-26, 1892
9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Western Laundry Machine Company
11. BIRTHPLACE (City and State or Foreign Country) Carwin, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank Sommerville
13b. MOTHER'S MAIDEN NAME Mary Dowden
14. NAME ~~OF HUSBAND~~ OR WIFE Goldie Sommerville

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W.I
16. SOCIAL SECURITY NO. 486-05-6091
17. INFORMANT'S SIGNATURE OR NAME Sylvia Schaub ADDRESS 3708 Dallebontaine K.C., 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction (Prof. Hill) — INTERVAL BETWEEN ONSET AND DEATH 12 hrs.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis Heart Disease — 5 to 10 yrs
DUE TO (c) Bronchial Asthma — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
141X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? 2 YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-15, 1957, *to* 3-18, 1957 *that I last saw the deceased alive on* 3-18, 1957, *and that death occurred at* 8:47 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE Roy V. Culp, D.O. (Degree or title)
23b. ADDRESS 4840 Antioch Rd., K.C. 16, Mo.
23c. DATE SIGNED 3-19-57

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial
24b. DATE 3-20-57
24c. NAME OF CEMETERY OR ~~CREMATORY~~ Floral Hills
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 3-20-57
REGISTRAR'S SIGNATURE Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer's Sons ADDRESS K.C., Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Roy V. Culp

APR 18 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard L Rogers

Licensed Embalmer No. 495

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.

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