No. 300
10-48

FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27846

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 283

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (In this place): 24 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City, 764
d. STREET ADDRESS (If rural, give location): 329 Donald Drive

3. NAME OF DECEASED (Type or Print)
a. (First): Pauline
b. (Middle): Clara
c. (Last): Sommerer

4. DATE OF DEATH (Month) (Day) (Year): August 31, 1957

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 4, 1905
9. AGE (In years last birthday): 52 — 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): homemaker
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Lohman, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frederick Koestner
13b. MOTHER'S MAIDEN NAME: Anna Strobel
14. NAME OF HUSBAND OR WIFE: Wm. G. Sommerer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S ~~SIGNATURE OR~~ NAME: Wm. G. Sommerer
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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Biliary obstruction of ureter
DUE TO (c) Metastatic Carcinoma of ovary

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: 175X
20. AUTOPSY? 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* May 3, 1957, *to* Aug 31, 1957, *that I last saw the deceased alive on* Aug 30, 1957, *and that death occurred at* 6:05A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Francis X. Mein M.D.
23b. ADDRESS: Jeff City, Mo.
23c. DATE SIGNED: 8/31/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/2/57
24c. NAME OF CEMETERY OR CREMATORY: St. Paul's Lutheran
24d. LOCATION (City, town, or county) (State): Lohman, Missouri

DATE REC'D BY LOCAL REG.: 3 Sept 1957
REGISTRAR'S SIGNATURE: R. C. Dorris Mrs-MR
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Thorpe J. Gordon-Jefferson City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

68

MAY 9 1958

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 Thorpe J. Gordon

Licensed Embalmer No. 1786

P. O. Address Kelly City 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.