

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018435

STATE FILE NUMBER

FILED JUN 11 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2681

300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 814 WEST 54TH TERRACE		Length of stay in lb 41 YEARS	d. STREET ADDRESS (If outside, give location) 814 WEST 54TH TERRACE
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last CAMILIA E. POMMER			4. DATE OF DEATH Month Day Year MAY 26 1958			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 10 1865	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME JOHN C. BOLLMAN		13b. MOTHER'S MAIDEN NAME AMELIA SEADER		14. NAME OF HUSBAND OR WIFE CHARLES F. POMMER		
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. NONE	17. INFORMANT Address MRS. GUSTAVE D SARACHEK 814 WEST 54TH TERRACE KANSAS CITY, MO.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 2 1/2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Atherosclerosis	
	DUE TO (c) Pericardial Anemia	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1946 to 5/26/58 and last saw her alive on 5/25/58 Death occurred at 11:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE C. E. Gaudin (Degree or title) MD	22b. ADDRESS 1103 Grand K.C. 6 Mo	22c. DATE SIGNED 5/27/58

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE MAY 27 1958	23c. NAME OF CEMETERY OR CREMATORY BELLEFONTAINE CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMB'S SONS 1331 BAUSH CREEK KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 5-27-58	26. REGISTRAR'S SIGNATURE Neva Marshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

J. A. Grawdon



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 *Chester K. Brown*

Licensed Embalmer No. *4931*

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