

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018695

FILED VS MAY 23 1960

STATE FILE NUMBER

ENDED

Registration District No. Primary Registration District No. 5245 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Keytesville, Twp</u>		Length of stay in 1b <u>10-Years</u>		c. CITY OR TOWN <u>Keytesville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5-M.N.E. of Keytesville</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5-M/N.E of Keytesville</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Ludwig</u> Middle <u>John</u> Last <u>Sommerfeld</u>				4. DATE OF DEATH Month <u>MAY</u> Day <u>7th</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 2-1908</u>	9. AGE (last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic - Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or county) <u>Chariton County, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Emil Sommerfeld</u>			13b. MOTHER'S MAIDEN NAME <u>Molley Peterson</u>		14. NAME OF HUSBAND OR WIFE <u>Elma Cleo Summerfeld</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War # 2</u>		16. SOCIAL SECURITY NO. <u>487-12-6368</u>		17. INFORMANT Address <u>William Sommerfeld, Keytesville, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <u>Coronary. Occlusion 5 hrs short</u>				INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Tachycardia Hypertension</u>		<u>3 yrs</u>			
		DUE TO (c) <u>Viral Infection Pneumonia</u>		<u>30 days ago</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 <u> </u> Month, Day, Year <u> </u> a.m. <u> </u> p.m. <u> </u>							
20d. INJURY OCCURRED WHILE AT WORK <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 <u>17 March</u> to <u>May 3-60</u> and last saw him ^{was} alive on <u>May 3-60</u> Death occurred at <u>2:00 A. 7 May</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Grouer C. Rice M.D.</u> (Degree or title)				22b. ADDRESS <u>Brunswick Mo</u>			22c. DATE SIGNED <u>7 May 60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 9th 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>German Cemetery</u>		23d. LOCATION (City, town, or county) <u>Chariton County</u>		(State) <u>Mo</u>	
24. FUNERAL DIRECTOR <u>H.D. Grouer</u> ADDRESS <u>Keytesville, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>5/9/60</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JUN 7 1980

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 H. D. Gammitt

Licensed Embalmer No. 3040

P. O. Address Key Team

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.