

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4524 **63-032455**
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4524

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
23758

3

4 0

5 1

6

7 1

8 1

9 609X

10

11

12 76-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Grace L. Fischer MEDICAL CERTIFICATION

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, MISSOURI		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 58 YRS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		d. STREET ADDRESS (If outside, give location) 4946 TRACY	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ALBERT Middle J. Last SONNEMAN			
4. DATE OF DEATH AUGUST 11, 1963			
5. SEX MALE		6. COLOR OR RACE WHITE	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-8-77	
9. AGE (last birthday) 85 YRS		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UPHOLSTER	
11. BIRTHPLACE (City and state or country) LEAVENWORTH, KANSAS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME CHRISTIAN SONNEMAN		13b. MOTHER'S MAIDEN NAME MARY STEFAN	
14. NAME OF HUSBAND OR WIFE ANNA SONNEMAN		Address VA HOSPITAL OFFICIAL RECORDS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES SPANISH AMERICAN			
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BILATERAL CONFLUANT BRONCHO-PNEUMONIA DUE TO (b) SEPTICEMIA DUE TO (c) URINARY TRACT INFECTION 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 checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____			
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. Attended the deceased from JULY 18, 1963 to AUGUST 11, 1963 and last day of life on 8-11-63 Death occurred at 3:15 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Grace L. Fischer</u> (Degree or title) M. D.		22b. ADDRESS VA HOSPITAL, KANSAS CITY, MO	
22c. DATE SIGNED 8-12-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 13, 1963	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) Kansas City Missouri	
24. FUNERAL DIRECTOR D.W. Newcomer		25. DATE RECD. BY LOCAL REG. 8-13-63	
Address 1331 Brush Creek Blvd. s Sons, Kansas City, Mo.		26. REGISTRAR'S SIGNATURE <u>Oruth Long</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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 Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy, 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.