

FILED FEB 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1995

BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Texas</u> b. COUNTY <u>999</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Como Twsp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Santonio,</u>	
c. LENGTH OF STAY (in this place) <u>6 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u> <u>2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile west of Catron</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Amela</u>	b. (Middle)	c. (Last) <u>Sonnin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 10-49</u>
-------------------------------------	-------------------------	-------------	-------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Mexican</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Aug 13 1948</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 4 RES.	IF UNDER 18 RES.
				Months	Days	Hours	Min.
				<u>4</u>	<u>27</u>		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Catron, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	-----------------------------------	---	--

13a. FATHER'S NAME <u>Tom Sonnen</u>	13b. MOTHER'S MAIDEN NAME <u>Estella Martiez</u>	14. NAME OF HUSBAND OR WIFE <u>x</u>
--------------------------------------	--	--------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tom Sonnin</u>	ADDRESS <u>Catron, Missouri.</u>
---	-------------------------------------	---	----------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronch pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Common Cold</u>		<u>5 days</u>
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4917</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 1-10-49, to 1-10-49, that I last saw the deceased alive on 1-10-49, 1949, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Gilbert</u>	23b. ADDRESS <u>St. Louis, Mo.</u>	23c. DATE SIGNED <u>1-14-49</u>
---	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 11 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Como, Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Catron, Missouri.</u>
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>1-31-49</u>	REGISTRAR'S SIGNATURE <u>Dr. Geo. W. Hubert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ponder Funeral Home</u>	ADDRESS <u>Lilbourn, Mo.</u>
---	---	---	------------------------------

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

RECEIVED

District Health Office No. 2,

District File Number 249-21

Date Filed 2-7-43

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 Homer L. Gonder
Licensed Embalmer No. 13367

P. O. Address Lilbourn, 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.

not