

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8692

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 921

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>30 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>3744 PASEO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>OSTEOPATHIC HOSPITAL</b>			

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3538

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELEANOR</b> b. (Middle) <b>SOMBART</b> c. (Last) <b>GOODMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 27 1950</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>AUGUST 9, 1861</b>		9. AGE (In years last birthday) <b>88</b>		IF UNDER 1 YEAR Months Days <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>JULIUS SOMBART</b>		13b. MOTHER'S MAIDEN NAME <b>MARY LOUISE BRENNIESTEN</b>		14. NAME OF HUSBAND OR WIFE <b>UNKNOWN</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>LOUISE GOODMAN 3744 PASEO</b>	
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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				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>Hypertatic Pneumonia</b>					
ANTECEDENT CAUSES		<b>Arterial Fibrillation</b>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)					
		DUE TO (c)					
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 <b>4351</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **Oct 30, 1949**, to **Feb 27, 1950**, that I last saw the deceased alive on **26 Feb 1950**, and that death occurred at **11 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. R. Livingston</b> (Degree or title)		23b. ADDRESS <b>5909 Brookside Blvd 2/27/50</b>		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>2/28/50</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>BOONVILLE, MISSOURI</b>	
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DATE REC'D BY LOCAL REG. <b>2-28-50</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STINE &amp; McCLURE KANSAS CITY, MISSOURI</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

574-9 Brookfield  
S. J. Allen  
Student Embalmer

**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 S J Allen

Licensed Embalmer No. 1408

P. O. Address H Elm

**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.