

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 3 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>46</u>		PRIMARY REG. DIST. NO. <u>4064</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kidder</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kidder</u>		OR TOWN <u>0130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		4. (First) <u>William B.</u>		5. (Middle) <u>Sornberger</u>		6. (Last)	
7. DATE OF DEATH		8. (Month) <u>6</u>		9. (Day) <u>12</u>		10. (Year) <u>1952</u>	
11. SEX <u>Male</u>		12. COLOR OR RACE <u>White</u>		13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)		14. DATE OF BIRTH <u>4-8-1878</u>	
15. AGE (In years last birthday) <u>74</u>		16. IF UNDER 1 YEAR Months <u>2</u> Day <u>9</u>		17. IF UNDER 1 HR. Hours <u></u> Min. <u></u>		18. IF UNDER 1 MIN. Hours <u></u> Min. <u></u>	
19. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Terming</u>		20. KIND OF BUSINESS OR INDUSTRY		21. BIRTHPLACE (State or foreign country) <u>Caldwell Co. Mo</u>		22. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
23. FATHER'S NAME <u>Andrew Sornberger</u>		24. MOTHER'S MAIDEN NAME <u>Suzian Bickston</u>		25. NAME OF HUSBAND OR WIFE			
26. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		27. SOCIAL SECURITY NO.		28. INFORMANT'S SIGNATURE OR NAME <u>W. B. Sornberger</u>			
29. ADDRESS		30. ADDRESS					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Progressive Congestive Cardiac Failure 2 years</u>		ANTECEDENT CAUSES				DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Kidder Caldwell Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				4341	
22. I hereby certify that I attended the deceased from <u>Aug 14</u> , 19 <u>52</u> , to <u>6-12</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-12</u> , 19 <u>52</u> , and that death occurred at <u>4:00</u> A.M., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. E. Ester</u>				23b. ADDRESS <u>Hamilton, Mo</u>		23c. DATE SIGNED <u>June 14, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-14-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kidder</u>		24d. LOCATION (City, town, or county) (State) <u>Kidder Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-30-52</u>		REGISTRAR'S SIGNATURE <u>Gladys Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bram Funeral Home</u>		ADDRESS <u>Hamilton</u>	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

H. Lester Brown

Signed.....

Student Embalmer

Licensed Embalmer No. 4472

P. O. Address Hamilton, N.Y.

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.