

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25687

State File No.

Registrar's No. 47

BIRTH NO. REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer	
b. CITY OR TOWN Princeton		c. CITY OR TOWN Mercer	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Axtel Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Henry	c. (Last) Somerville	4. DATE OF DEATH (Month) (Day) (Year) July 21, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 28, 1864	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher	10b. KIND OF BUSINESS OR INDUSTRY Mo. public schools	11. BIRTHPLACE (State or foreign country) New York	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wesley Somerville	13b. MOTHER'S MAIDEN NAME Nancy Noble	14. NAME OF HUSBAND OR WIFE Sarah Somerville
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Esma Somerville Clayton ADDRESS Mercer Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Concussion from auto accident		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) auto accident		
	DUE TO (c) E8124 25		
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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident on highway	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Mercer Mercer (STATE) Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 18 1953 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? struck by automobile
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE P. Dickert M.D. Coroner (Degree or title)	23b. ADDRESS 3 Princeton	23c. DATE SIGNED 7-22-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 23, 1953	24c. NAME OF CEMETERY OR CREMATORY Lowry Cemetery	24d. LOCATION (City, town, or county) (State) Mercer County Mo.
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DATE REC'D BY LOCAL REG. 7-25-53	REGISTRAR'S SIGNATURE Paul M. ...	393-0	25. FUNERAL DIRECTOR'S SIGNATURE ... ADDRESS lineville Iowa
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48
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FILED JUL 29 1953

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

James L. Grunler

Licensed Embalmer No. *3967*

P. O. Address *Linnville, Ore*

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.