

FILED SEP 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25661

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 267

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence in institution) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY OR TOWN <u>Jefferson City</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN <u>St. James</u> <small>(If rural, give location)</small>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rhas. E. Still Osteopathic</u>		e. STREET ADDRESS <u>—</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Everett</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Sommers</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 7, 1955</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 7th 1902</u>	9. AGE (In years) <u>53</u> <small>(last birthday)</small>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 18 YRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sommerville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Sommers.</u>	13b. MOTHER'S MAIDEN NAME <u>MASH</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha Sommers.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>488-28-0337</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Everett L. Sommers</u>	ADDRESS <u>St James Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism.</u>		<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>Auricular Fibrillation.</u>			
DUE TO (c) <u>Myocardial Infarction.</u>		<u>?</u>	
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 <u>4201</u>	20. AUTOPSY? YES <input 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) m.	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 5 Sept, 1955, to 7 Sept, 1955, that I last saw the deceased alive on 7 Sept., 1955 and that death occurred at 8:30 AM from the causes and on the date stated above.

23a. SIGNATURE <u>James K. Miller</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Jefferson City Mo</u>	23c. DATE SIGNED <u>7 Sept 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9/12/55</u>	24c. NAME OF CEMETERY OR CREMATORIUM <u>St. James Catholic Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St. James, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8 Sept 1955</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>LICK TELITER</u>	ADDRESS <u>St. James, Mo.</u>
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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 *James R. Freeman*

Licensed Embalmer No. 460

P. O. Address *James*

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.