

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036017

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

1046

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 23 1961

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

St. Joseph

Length of stay in 1b
17 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri**

b. COUNTY **Buchanan**

c. CITY OR TOWN

St. Joseph

Inside Limits
Yes No

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Methodist Hospital

Inside Limits
Yes No

d. STREET ADDRESS (If outside, give location)

1321 No. 20th St.

Reside on Farm
Yes No

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

EMILY

MARIE

SOMMERHAUSER

4. DATE OF DEATH

Month **October**

Day **15**

Year **1961**

5. SEX

Female

6. COLOR OR RACE

White

7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH

3/4/1887

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

St. Paul Minn.

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

William Y. Parson

13b. MOTHER'S MAIDEN NAME

Maryann Campbell

14. NAME OF HUSBAND OR WIFE

Henry (Deceased)

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

Mrs. Harold Diegnau

Address

St. Paul, Minn.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic cardiovascular renal disease

INTERVAL BETWEEN ONSET AND DEATH

unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes No Unknown

19. WAS AUTOPSY PERFORMED?
YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **10/9/61** to **10/15/61** and last saw her **alive** on **10/15/61**
Death occurred at **10:30 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wm Redmond MD

22b. ADDRESS

St Joseph, Mo

22c. DATE SIGNED

10/17/61

23a. FINAL CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10/18/61

23c. NAME OF CEMETERY OR CREMATORY

Leavitt Cemetery

23d. LOCATION (City, town, or county)

Hastings

(State)

Minnesota

24. FUNERAL DIRECTOR

ADDRESS

Stammy Funeral Home
N.A.S.

St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Oct. 18, 1961

26. REGISTRAR'S SIGNATURE

Mrs. Clark Gordon

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF **W.M. Redmond, M.D.**

OCT 24 1961

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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.