

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

State File No. **25174**
3430
Registrar's No. _____

FILED JUL 28 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 8 Yrs.		d. STREET ADDRESS (If rural, give location) 707 West 85th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 707 West 85th Street		d. STREET ADDRESS 707 West 85th Street	

3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH		b. (Middle) JOHANNA		c. (Last) SONNEN		4. DATE OF DEATH (Month) (Day) (Year) 7-8-53	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 21, 1867	
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Prairie Home, Missouri	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Nicholas Heinen		13b. MOTHER'S MAIDEN NAME Mary Franken		14. NAME OF HUSBAND OR WIFE Joseph H. Sonnen	
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 ADDRESS Mrs. Sterling Ford Kansas City, Mo.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General arterio sclerosis with hypertension		INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension		2 yrs	
		OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Colitis		3 mo	
		II. OTHER SIGNIFICANT CONDITIONS		2 weeks	

19a. DATE OF OPERATION No		19b. MAJOR FINDINGS OF OPERATION 334A		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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?	

22. I hereby certify that I attended the deceased from May, 1952, to July 8, 1953, that I last saw the deceased alive on July 6, 1953, and that death occurred at 6:51 P.m., from the causes and on the date stated above.

23a. SIGNATURE Leo A. O'Brien M.D.		23b. ADDRESS 1002 Argyle St. Mo.		23c. DATE SIGNED 7-9-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-9-53		24c. NAME OF CEMETERY OR CREMATORY —	
		24d. LOCATION (City, town, or county) (State) California, Missouri			

DATE REC'D BY LOCAL REG. 7-9-53		REGISTRAR'S SIGNATURE Deraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary Kansas City, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

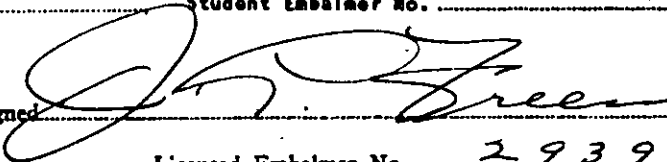
T. Lee O'Brien
St. Mary's Hospital
Surgery Waiting Room
9:15 A.M.

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
Student Embalmer

Student Embalmer No.
Signed 

Licensed Embalmer No. 2939

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.