Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036381
STATE FILE NUMBER

FILED OCT 29 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4813

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City Mo — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lakeside — Length of stay in ~~47 days~~ 20 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 300 W. Armour — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First Mary Middle E. Last Germain

4. DATE OF DEATH Month October Day 13 Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH Sept 14 1880
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) A. F. & S. Per R.R.
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME F. D. Hitchcock
13b. MOTHER'S MAIDEN NAME Ella Henderson
14. NAME OF HUSBAND OR WIFE Frank Germain

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. 709-16-4841
17. INFORMANT Charles Hitchcock Address 1017 Locust

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pernicious Anemia — INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Anoxia — 24 hrs
DUE TO (c) Sclerosis of Bone Marrow. 2900 F
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of Right Femur at Head

19. WAS AUTOPSY PERFORMED? YES [X] 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 3/19/32 to 10/13/58 and last saw her/him alive on 10/12/58
Death occurred at 3 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph A. Fogarty (Degree or title) DO
22b. ADDRESS 402 Northman Bg K.C. 3 Mo
22c. DATE SIGNED 10-13-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE OCT-13-1958
23c. NAME OF CEMETERY OR CREMATORY —
23d. LOCATION (City, town, or county) MUSCATINE (State) IOWA

24. FUNERAL DIRECTOR ADDRESS 1331 BRUSH CREEK BLVD. D.W. NEWCOMERS SONS-KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG. 10-13-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Joseph A. Fogarty

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 Vern Lawler

Licensed Embalmer No. 4915

P. O. Address K.C. 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.