

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009145
STATE FILE NUMBER

62

FILED APR 14 1959

Registration District No. 132 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Grundy</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>mo</i> b. COUNTY <i>Grundy</i>	
b. CITY OR TOWN <i>Trenton</i>		c. CITY OR TOWN <i>Salt</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Plummer Home</i>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <i>WILLIAM MANLEY GERMAN</i>		4. DATE OF DEATH Month Day Year <i>4 - 6 - 1959</i>	
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>7-31-1882</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>	
11. BIRTH PLACE (City and state or country) <i>Grundy Co mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>James German</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth George</i>	
14. NAME OF HUSBAND OR WIFE <i>Bertie Bradford German</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>487-14-7992</i>		17. INFORMANT Name Address <i>V.E. German Myrtle Ia</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardio-Vascular Renal Disease</i> 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) <i>442X</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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. Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 Death occurred at <i>April 1st 1959</i> to <i>April 6th 1959</i> and last saw her alive on <i>April 1st 1959</i> on the date stated above; add to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Oliver F. Duffy MD</i>	
22b. ADDRESS <i>Trenton mo</i>		22c. DATE SIGNED <i>April 6th 1959</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>4-9-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Salt Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Salt mo</i>
24. FUNERAL DIRECTOR ADDRESS <i>PA Payne Son Salt mo</i>		25. DATE RECD. BY LOCAL REG. <i>4-9-59</i>	26. REGISTRAR'S SIGNATURE <i>Lrene Fair</i>

300
1-57

4

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *PA Payne Jr*

Licensed Embalmer No. *3400*

P. O. Address *Galt*

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.