

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019436

FILED VS JUN 15 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2870

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO; b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 35 YRS.	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5041 EAST 7TH ST.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5041 EAST 7TH ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS OSCAR HERMAN			4. DATE OF DEATH Month Day Year MAY 26, 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-16-66	9. AGE (last birthday) 93	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL FARMING	11. BIRTHPLACE (City and state or country) WILLIAMSPORT, PENN. U.S.A.	12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME JOHN HENRY HERMAN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE EDNA HERMAN	
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. -	17. INFORMANT Mrs. EDNA HERMAN Address 5041 E. 7TH K.C. Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic PNEUMONIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive HEART FAILURE DUE TO (c) CEREBRO VASCULAR ACCIDENT					INTERVAL BETWEEN ONSET AND DEATH 3days 3days 10days
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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. p.m. Month, Day, Year					
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 16 MAY 1960 to 26 MAY 1960 and last saw her alive on 26 MAY 1960 Death occurred at 12:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. H. Barnes (Degree or title) De			22b. ADDRESS 2014 Swift NKC Mo		22c. DATE SIGNED 27 MAY 1960
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-28-1960	23c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEMETERY	23d. LOCATION (City, town, or county) KANSAS CITY, Mo.		
24. FUNERAL DIRECTOR C. H. BLACKMAN & SON INC. K.C. Mo. 5-27-60		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE Neva Marshall		

DOCUMENT

MEDICAL CERTIFICATION

G. Barnes

BY AFFIDAVIT OF

2017

CANON

NEW YORK

STATE OF NEW YORK
DEPARTMENT OF HEALTH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Bert B. Benson

Licensed Embalmer No. 4656

P. O. Address L.S.C., N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.