

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026866

FILED VS AUG 8 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3825 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 17 yrs.	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Crest Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2826 Campbell Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First **BERTHA** Middle **JEAN** Last **GERMANE** 4. DATE OF DEATH Month **July** Day **23**, Year **1960**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **5-3-76** 9. AGE (last birthday) **84** 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) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Self** 11. BIRTHPLACE (City and state or country) **Lincoln, Nebr.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Charles J. Barbour** 13b. MOTHER'S MAIDEN NAME **Flora L. Robinson** 14. NAME OF HUSBAND OR WIFE **Harry H. Germane (Dec.)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, None or dates of service) **None** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT **Shirley B. Mann 649 Northrup Kansas City, Kansas.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Repeated Cerebral Vascular Accidents** INTERVAL BETWEEN ONSET AND DEATH **10 months**
DUE TO (b) **Generalized Atherosclerosis** **Years**
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 **October 1957** to **July 1959** and last saw ^{her}him alive on **June 28, 1960**. Death occurred at **12:30 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Degree or title) **Berny R. Calovich MD** 21b. ADDRESS **4620 J C Nichols** 21c. DATE SIGNED **7/23/60**

23a. BURIAL, CREMATION, OR REMOVAL (Specify) **Cremation** 23b. DATE **7-26-60** 23c. NAME OF CEMETERY OR CREMATORY **D. W. Newcomer & Sons** 23d. LOCATION (City, town, or county) (State) **Kansas City, Missouri.**

24. GENERAL DIRECTOR **Stine & McClure Funeral Home Kansas City, Missouri.** ADDRESS 25. DATE RECD. BY LOCAL REG. **7-25-60** 26. REGISTRAR'S SIGNATURE **Neva Marshall**

DOCUMENT

MEDICAL CERTIFICATION

Calovich

BY AFFIDAVIT OF

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

J. L. Walton

Licensed Embalmer No. *2744*

P. O. Address *K C W*

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.