

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031001

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4168

FILED AUG 28 1962

VS 300  
Rev. 4/59

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DATE AMENDED  
8-16-62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Louise C. German

SHOULD READ

Louise Z. German

ITEM NO. 3

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

1. PLACE OF DEATH. a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in 1b <b>64 yrs.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give HOSPITAL OR INSTITUTION) <b>Haven Manor Home</b>		d. STREET ADDRESS (If outside, give location) <b>1221 Brush Creek</b>	
3. NAME OF DECEASED (Type or print) First <b>LOUISE</b> Middle <b>-C- Z.</b> Last <b>GERMAN</b>		4. DATE OF DEATH Month <b>Aug</b> Day <b>11</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 1, 1867</b>
9. AGE (last birthday) <b>95</b>		IF UNDER 1 YEAR Months <b>95</b> Days <b>95</b> Hours <b>95</b> Min. <b>95</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>Greensburg, Indiana</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Charles Zoller</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Keene</b>	
14. NAME OF HUSBAND OR WIFE <b>Charles W. German</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>George German, 1221 Brush Creek, K. C.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypostatic Pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Circulatory failure and Senility</b> DUE TO (c) <b>General debility</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
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 checked="" 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 <b>3</b> a.m. <b>0</b> 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 <b>Greensburg, Indiana</b>	
21. I attended the deceased from <b>1952</b> to <b>August 11-1962</b> and last saw her/him alive on <b>August 10-1962</b> Death occurred at <b>3 o'clock</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Rush Castelaw MD</b> (Print name, degree or title)	
22b. ADDRESS <b>3731 Locust St - Kansas City 9 Mo.</b>		22c. DATE SIGNED <b>9-11-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>8-13-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>South Park</b>	23d. LOCATION (City, town, or county) <b>Greensburg, Indiana</b>
24. FUNERAL DIRECTOR <b>Stine &amp; McClure Kansas City, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>8-13-62</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>

USE BLACK INK OR TYPEWRITER RIBBON

By  
3931 Locust  
2nd Floor

**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 Eugene Flemer

Licensed Embalmer No. 4633

P. O. Address Kansas City, 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.