

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024925

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 340 STATE FILE NUMBER

FILED JUL 9 1963	
1. PLACE OF DEATH	
a. COUNTY Lafayette	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) Waverly	a. STATE Missouri b. COUNTY Carroll
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kelling's Clinic	c. CITY OR TOWN None
Length of stay in 1b 4 weeks	d. STREET ADDRESS (If outside, give location) Carrollton Township
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First Middle Last George P. Germann	Month Day Year July 1, 1963
5. SEX Male	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-8-85
9. AGE (last birthday) 78	IF UNDER 1 YEAR IF UNDER 24 HR 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 Farming
11. BIRTHPLACE (City and state or country) Pekin, Illinois	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Valentin Germann	13b. MOTHER'S MAIDEN NAME Mary A. Johns
14. NAME OF HUSBAND OR WIFE Lena K. Eidman	15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) No
16. SOCIAL SECURITY NO. 246	17. INFORMANT Walter Germann
Address Carrollton, 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) Cardio-Vascular renal disease	INTERVAL BETWEEN ONSET AND DEATH ?
DUE TO (b) arteriosclerosis generalized	?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	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 <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 Month, Day, Year a.m. 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 5-29-63 to 7-1-63 and last saw ^{her} him alive on 7-1-63	Death occurred at 5:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) <i>Douglas Kelling M.D.</i>	22b. ADDRESS Waverly, Missouri
22c. DATE SIGNED 7-2-63	23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-3-1963	23c. NAME OF CEMETERY OR CREMATORY Mt. Nebo
23d. LOCATION (City, town, or county) (State) Grand Pass, Missouri	24. FUNERAL DIRECTOR Marshall Funeral Home
25. DATE RECD. BY LOCAL REG. 7-2-63	26. REGISTRAR'S SIGNATURE <i>Lutie G. Jordan</i>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

DATE AMENDED	
ITEM NO.	SHOULD READ
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VS 300 Rev. 4/59
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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 P. M. Marshall.

Licensed Embalmer No. 2525.

P. O. Address Carrollton 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.