No. 300
10-48

FILED OCT 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32915

BIRTH NO. 58876-54 REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 109

0030

1. PLACE OF DEATH
a. COUNTY: Atchison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfax
c. LENGTH OF STAY (in this place): 4 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: ATCHISON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FAIRFAX 0030
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): Russell
c. (Last): German Jr.

4. DATE OF DEATH (Month) (Day) (Year): Oct 10 1954

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: Oct 6, 1954
9. AGE (In years last birthday): —
If under 1 year: Months — Days 4
If under 24 hrs.: Hours 16 Min. ?

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frank Russell German
13b. MOTHER'S MAIDEN NAME: Romona Lea Gubser
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Ramona German
ADDRESS: Fairfax, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature birth
DUE TO (c) Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 7625
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-6-, 1954, *to* 10-10-, 1954, *that I last saw the deceased alive on* 10-10-, 1954, *and that death occurred at* 12:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wallace Carpenter MD 0
23b. ADDRESS: Rock Port Mo.
23c. DATE SIGNED: 10-11-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct 10, 1954
24c. NAME OF CEMETERY OR CREMATORY: Falls City Neb
24d. LOCATION (City, town, or county) (State): Falls City, Nebraska

DATE REC'D BY LOCAL REG.: Oct 15, 1954
REGISTRAR'S SIGNATURE: Marvin H. Schaefer 44
25. FUNERAL DIRECTOR'S SIGNATURE: James H. Crawford and Russell E. Dorr
ADDRESS: Mound City, Mo. Falls City, Nebr

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Russell E. Dorr of Fillmore City Nebraska - Nebraska Licensed Embalmer # 1766 ~~Student Embalmer No.~~ ~~working under my personal supervision.~~

Signed James H Crawford

Licensed Embalmer No. 4796

P. O. Address Mound City, Mo.

Signed .....
Student Embalmer

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 this body is not embalmed, fact should be so stated above.