

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 37241

FILED NOV 16 1954

BIRTH NO.

REG. DIST. NO. 143PRIMARY REG. DIST. NO. 5560Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Spgs. R#1</u>		c. LENGTH OF STAY (In this place) <u>4 Yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs</u>	
		d. STREET ADDRESS (If rural, give location) <u>Route #1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Olga</u>		b. (Middle) <u>Lidia</u>	
		c. (Last) <u>GERMAN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 2, 1954</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH July 6, 1904
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>26</u>	IF UNDER 2 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Ames, Iowa.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Carl Witt</u>		13b. MOTHER'S MAIDEN NAME <u>Unk.</u>	14. NAME OF HUSBAND OR WIFE <u>John W. German</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>492-34 1660</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John W. German</u> ADDRESS <u>Willow Springs, Mo.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of Uterus</u> INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Valvular heart disease</u> <u>Unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>7-15-54</u> , 19 <u>54</u> , to <u>11-2-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11-2-54</u> , and that death occurred at <u>2:15 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Thomas T. Francisco</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Willow Springs, Mo.</u>	23c. DATE SIGNED <u>11-4-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 5, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harris Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Willow Springs, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Nov. 13, 1954</u>	REGISTRAR'S SIGNATURE <u>Marshall Bellard</u> <u>387</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Burns Funeral Home</u> ADDRESS <u>Willow Spgs., Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

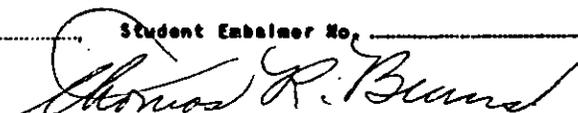
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.



Signed Thomas R. Burns

Student .....  
Student Embalmer

Licensed Embalmer No. 4214

P. O. Address Willow Springs, 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 this body is not embalmed, fact should be so stated above.