

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009130

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 43

MAR 23 1959

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Grundy</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Henton</u>                    |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>Galt</u> 0400<br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>               |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Wright Hospital</u> |  | Length of stay in 1b<br><u>3 days</u>   | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

3. NAME OF DECEASED (Type or print) First Middle Last  
BERTHA ANN GERMAN

4. DATE OF DEATH Month Day Year  
3-18-1959

|                         |                              |   |                                      |  |  |                  |
|-------------------------|------------------------------|---|--------------------------------------|--|--|------------------|
| 5. SEX<br><u>Female</u> | 6. COLOR OR RACE<br><u>w</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>7-25-1880</u> | 9. AGE (In years last birthday)<br><u>78</u> | F UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HRS. |
|-------------------------|------------------------------|---|--------------------------------------|--|--|------------------|

|   |                                   |  |   |
|---|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><u>Galt Mo</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
|---|-----------------------------------|--|---|

|   |   |   |
|---|---|---|
| 13. FATHER'S NAME<br><u>J. F. M. Brassfield</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Elizabeth Johnson</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Wm 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.<br><u>500-07-3991</u> | 17. INFORMANT<br><u>U.C. German</u> | Address<br><u>Mystic Ia</u> |
|---|---|-------------------------------------|-----------------------------|

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
4201

19. WAS AUTOPSY PERFORMED?  
YES  NO

|   |  |
|---|--|
| 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<br>Hour Month, Day, Year<br>a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <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 Death occurred at 3-11-59 to 3-13-59 and last saw <sup>her</sup> <sub>him</sub> alive on \_\_\_\_\_  
at 3:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

|  |                                   |   |
|--|-----------------------------------|---|
| 22a. SIGNATURE<br><u>Oliver F. Druffy MD</u> (Degree or title) | 22b. ADDRESS<br><u>Trenton Mo</u> | 22c. DATE SIGNED<br><u>March 4th 1959</u> |
|--|-----------------------------------|---|

|   |                               |  |   |
|---|-------------------------------|--|---|
| 23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify)<br><u>Burial</u> | 23b. DATE<br><u>3-16-1959</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Galt Cem.</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Galt Mo</u> |
|---|-------------------------------|--|---|

|   |                           |  |   |
|---|---------------------------|--|---|
| 24. FUNERAL DIRECTOR<br><u>PK Payne</u> | ADDRESS<br><u>Galt Mo</u> | 25. DATE RECD. BY LOCAL REG.<br><u>3-16-59</u> | 26. REGISTRAR'S SIGNATURE<br><u>Gene Fair</u> |
|---|---------------------------|--|---|

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**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 *PK Payne Jr* .....

Licensed Embalmer No. *3400* .....

P. O. Address *Salt* .....

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.