

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22786

State File No. ....

BIRTH NO. ....

REG. DIST. NO. 52PRIMARY REG. DIST. NO. 5181Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cape Gir</u>		
b. CITY OR TOWN <u>Rural Applecreek</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Rural, Applecreek</u>		16 <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles S.W. Daisy</u>			d. STREET ADDRESS (If rural, give location) <u>3 miles S.W. Daisy</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>C</u>		b. (Middle) <u>Fred</u>	c. (Last) <u>Hahs</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 3 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb-12-1875</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days
IF UNDER 1 YEAR Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant postmaster</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Store</u>	11. BIRTHPLACE (State or foreign country) <u>near Daisy, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Henry W Hahs</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Leonard</u>		14. NAME OF HUSBAND OR WIFE <u>Iva Ates Hahs</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gifford Hahs Daisy 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>Mitral insufficiency</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertrophy of Left Atrial</u>					
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dia betis</u>			<u>410X</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>Jan 1, 1948</u> , to <u>August 2, 1949</u> , that I last saw the deceased alive on <u>Aug 2</u> , 1949, and that death occurred at <u>3:30 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>R D Blacklock M.D.</u>			23b. ADDRESS <u>Dick Ridge MO</u>		23c. DATE SIGNED <u>8-5-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 5, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Salem</u>	24d. LOCATION (City, town, or county) (State) <u>Daisy MO</u>		
DATE REC'D BY LOCAL REGISTER <u>Aug 6-49</u>		REGISTER'S SIGNATURE <u>D. S. Suber</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. P. Crawford Jackson, MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-8-49

District Health Officer No. 4

District File Number 849-1048

Date Filed

SEP 16 1949

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 Student Embalmer

Signed *Gene C. Craugh*

Licensed Embalmer No. 4327

P. O. Address Jackson, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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