

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **29709**

FILED OCT 5 1949

No. 300
10.48

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BIRTH NO. _____ REG. DIST. NO. 76 PRIMARY REG. DIST. NO. 5302 Registrar's No. #6

1. PLACE OF DEATH a. COUNTY <u>Cole Rural</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY OR TOWN <u>Eugene Rural Clark</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eugene Rural Clark</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>Eugene Rural</u>	

3. NAME OF DECEASED (Type or Print) <u>ELIZABETH</u>	a. (First)	b. (Middle)	c. (Last) <u>HANN.</u>	4. DATE OF DEATH <u>Sept-27-1949</u>	(Month) (Day) (Year)
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 23-1857</u>	9. AGE (In years last birthday) <u>91</u>	UNDER 1 YEAR	IF UNDER 4 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Elston Mo.</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>C. C. Wabner</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Duncan</u>	14. NAME OF HUSBAND OR WIFE <u>Christ Hahn</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Hahn Eugene Mo.</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>One month</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4222</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from August 9, 1948, to 9-22, 1948, that I last saw the deceased alive on 9-22, 1948, and that death occurred at 1 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. L. Leslie, Jr. M.D.</u> (Degree or title)	23b. ADDRESS <u>207 Trust Bldg. J. P. Co. Mo.</u>	23c. DATE SIGNED <u>9-27-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 29-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Hill Cem. Eugene</u>	24d. LOCATION (City, town, or county) (State) <u>MO</u>
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DATE REC'D BY LOCAL REG <u>Sept. 28-49</u>	REGISTRAR'S SIGNATURE <u>M. L. Glover</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Steffens</u>	ADDRESS <u>Russellville Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District File Number

RECEIVED
OCT 3 1949
District Health Officer No. 9,

SEP 15 1950

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

[Handwritten Signature]

Licensed Embalmer No. 2307

P. O. Address *Russellville, 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.