

No. 300
10.48

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12230

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>rural Pike 1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Morse Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>Brownwood, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTIN</u> b. (Middle) _____ c. (Last) <u>HAHN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 12, 1950</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>Aug. 24, 1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>18</u> IF UNDER 4 HRS. Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) <u>Stitesville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Samuel Hahn</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Engelhart</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. <u>493-26-9393</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Hahn, Dexter, Mo.</u> ADDRESS _____	
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>Tuberculosis of Throat</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES DUE TO (b) <u>Heart Disease</u> DUE TO (c) <u>Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>V</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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>April 1, 1950</u> to <u>April 12, 1950</u> , that I last saw the deceased alive on <u>April 11, 1950</u> , and that death occurred at <u>5A.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>D. H. Hubbard, M.D.</u>		23b. ADDRESS <u>Jayson, Mo.</u>	
23c. DATE SIGNED <u>4-13-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	
24b. DATE <u>Apr. 13, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brownwood, Mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>Brownwood, Mo.</u>		DATE REC'D BY LOCAL REG. <u>Apr 19-50</u>	
REGISTRAR'S SIGNATURE <u>A. G. Suber 43</u>		FEDERAL DIRECTOR'S SIGNATURE <u>Clayton S. Morgan, Director, Mo.</u> ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 25 1950

EMERALD HEALTH OFFICE No. 4

P. O. No. 450-589

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

William H. Morgan

working under my personal supervision.

Student Embalmer No.

Signed William H. Morgan

Signed.....
Student Embalmer

Licensed Embalmer No. 4670

P. O. Address Advance, 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.