

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23938

State File No. \_\_\_\_\_

FILED AUG 7 1950

BIRTH NO. _____		REG. DIST. NO. <u>383</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>361</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)					
a. COUNTY <u>Lawrence</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Mt. Vernon</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Wayne</u>			
c. LENGTH OF STAY (In this place) <u>61 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wappapello</u>		d. STREET ADDRESS <u>1</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>									
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Garnett</u>		b. (Middle) <u>S.</u>		c. (Last) <u>Hahn</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>July 31, 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			
8. DATE OF BIRTH <u>June 25, 1893</u>		9. AGE (In years last birthday) <u>57 yrs.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Marshall Hahn</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>			
14. NAME OF HUSBAND OR WIFE <u>Bessie Hahn</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>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Ruby Ann Wilson, record clerk, Mo. S.S., Mt. Vernon, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>3 mths.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Spinal meningitis</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary tuberculosis</u> DUE TO (c) <u>(Supp. report)</u>					
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION:						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>June 1, 1950</u> , to <u>July 31, 1950</u> , that I last saw the deceased alive on <u>July 31, 1950</u> , and that death occurred at <u>3:15 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>C. A. Brush, M.D.</u>				23b. ADDRESS <u>Mt. Vernon, Missouri</u>		23c. DATE SIGNED <u>July 31, 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Removed July 31, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dexter, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Aug 4, 1950</u>		REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fosssett Funeral Home</u>		ADDRESS <u>Mt. Vernon, Mo.</u>			

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED AUG 2 1950

File # 850-905

Date Filed 8-5-50

RECEIVED  
AUG 2 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

*James W. Waver*

Licensed Embalmer No. 4650

P. O. Address Mt Vernon, 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri }  
County of Lawrence } ss.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 23938

**AFFIDAVIT FOR CORRECTION OF A RECORD**

Local Registrar's No. 361

On this 14th day of September, 1950, before me appears.....

Dorothy J. Kent, who, upon her oath, states that the original record of ~~XXXX~~ death

for Garnett S. Hahn died July 31, 1950, in the State of

Missouri, and which was filed at Mt. Vernon on August 1, 1950, should be corrected as follows:

~~XXXX~~ Medical certification should read Tuberculous Spinal Meningitis (duration

~~XXXXXX~~ Due to Tuberculosis 3 months)

~~XXXXXX~~ Other significant conditions:

Instead of..... Pulmonary tuberculosis

Item No..... should read.....

Instead of.....

Item No..... should read.....

The above is true to the best of my knowledge, information and belief:

(SEAL)

Affiant Dorothy J. Kent, Dep. Reg.  
Relationship Dep. Reg.

Present Address.....

Subscribed and sworn to before me this 14th day of Sept, 1950

MY COMMISSION EXPIRES APRIL 25, 1954  
My Commission expires.....

Clara Hayes  
Notary Public.