S. No. 300
v. 10-48

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36365

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 356

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

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
d. STREET ADDRESS (If rural, give location): 1520 Dunklin

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3. NAME OF DECEASED (Type or Print): a. (First) Ephriam b. (Middle) Mitchell c. (Last) Hahs

4. DATE OF DEATH (Month) (Day) (Year): November 15, 50

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 10, 1879
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miller, retired
10b. KIND OF BUSINESS OR INDUSTRY: cement
11. BIRTHPLACE (State or foreign country): Freidheim, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Frederick Hahs
13b. MOTHER'S MAIDEN NAME: Catherine Hahs
14. NAME OF HUSBAND OR WIFE: Barbara Hahs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 491-07-3016
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Barbara Hahs Cape Girardeau, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) Hypernephroma — 10 mo.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 180X

19a. DATE OF OPERATION: Sept 1950
19b. MAJOR FINDINGS OF OPERATION: Hypernephroma (left)
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1950, *to* 11-15, 1950, *that I last saw the deceased alive on* 11-15, 1950 *and that death occurred at* 12:10a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. R. Seabaugh MD
23b. ADDRESS: 801a Broadway Cape Girardeau
23c. DATE SIGNED: 11-16-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-17-50
24c. NAME OF CEMETERY OR CREMATORY: Sargents Chappel
24d. LOCATION (City, town, or county) (State): Sedgewickville, Mo.

DATE REC'D BY LOCAL REG.: 11-16-1950
REGISTRAR'S SIGNATURE: C. C. Summers 44
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. J. Lorberg - Cape Girardeau, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 20 1950
DISTRICT HEALTH OFFICE No. 6

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3810

P. O. Address (Cape Girardeau)

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.