

FILED JUL 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22322

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 263

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY BOLLINGER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAU		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL LIBERTY	
c. LENGTH OF STAY (in this place) 1 DAY		d. STREET ADDRESS (If rural, give location) WAFLIN, MO. 0090	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) RANSOM b. (Middle) LEE c. (Last) HAHN			4. DATE OF DEATH (Month) (Day) (Year) 7-21-1951		
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5. SEX M.O.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH JAN. 14, 1873	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 6	IF UNDER 24 HOURS Hours 7	IF UNDER 24 HOURS Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MO. CAPE GIRARDEAU Co.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME DANIEL HAHN	13b. MOTHER'S MAIDEN NAME KATE STRODER	14. NAME OF HUSBAND OR WIFE MAE HAHN (DIVORCED)
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME VAN R. HAHN	ADDRESS 1538 NEBRASKA ST. LOUIS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PERITONITIS.		INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CAUSE KN DETERMINED		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 576X			

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) NO	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 7-21, 1951, to 7-21, 1951, that I last saw the deceased alive on 7-21, 1951, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.W. Asker M.D.	23b. ADDRESS CAPE GIRARDEAU	23c. DATE SIGNED 7-22-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-23-51	24c. NAME OF CEMETERY OR CREMATORY BAKER COM.	24d. LOCATION (City, town, or county) (State) LUTESVILLE MO.
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DATE REC'D BY LOCAL REG. 7-23-51	REGISTRAR'S SIGNATURE C. C. Summers 44	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BAKER FUNERAL HOME LUTESVILLE, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0169
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RECEIVED

JUL 30 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.