

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22707

FILED AUG 6 1951

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 671	
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield,</b>		c. LENGTH OF STAY (In this place) <b>3 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <del>XXXXXXX</del> <b>Springfield,</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>657 S. New</b> <span style="float: right;"><b>0396</b></span>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clyde</b>		b. (Middle) <b>E.</b>		c. (Last) <b>Hahn</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 30, 1951</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>January 31, 1880</b>	
9. AGE (In years last birthday) <b>71</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Hebbard, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Sam Hahn</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Higgins</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Hahn</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Ralph E. Hahn Springfield,</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho Pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Tuberculosis Right Adrenal</b> DUE TO (c) <b>Arteriosclerosis Mod Severe</b>				INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b> <b>?</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>002X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <b>July 20, 1951, to July 30, 1951</b> , that I last saw the deceased alive on <b>7-30</b> , 1951, and that death occurred at <b>10 A. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. Newton Holloman</b> (Degree or title)				23b. ADDRESS <b>Springfield MO 626 Woodruff Bldg.</b>		23c. DATE SIGNED <b>7-30-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>August 2, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>8-1-51</b>		REGISTRAR'S SIGNATURE <b>W.E. Handley MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri</b>			

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

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

*L. L. Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield 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.