

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23954**

FILED AUG 14 1951

BIRTH NO. _____ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **5912** Registrar's No. **60**

190
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY, PERRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY PERRY MO.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Marys Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Yount - Rural St. Marys Township	
c. LENGTH OF STAY (In this place) 90 yrs.		d. STREET ADDRESS (If rural, give location) 15 mi. S.E. of Fredericktown	
d. FULL NAME OF HOSPITAL OR INSTITUTION 15 mi. S.E. of Fredericktown			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) PERRY c. (Last) HAHN			4. DATE OF DEATH (Month) (Day) (Year) JUNE 1 1951		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH MAR. 31, 1859	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months 3 Days	IF UNDER 24 HRS. Hours 3 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant (Retired)	10b. KIND OF BUSINESS OR INDUSTRY gen. mdc.	11. BIRTHPLACE (State or foreign country) PERRY COUNTY - MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joshua Hahn	13b. MOTHER'S MAIDEN NAME Susan Bess	14. NAME OF HUSBAND OR WIFE deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Joseph Hahn, Yount, Missouri	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myo. Carditis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility		
	DUE TO (c)		
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 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 1st, 1950**, to **June 1st, 1951**, that I last saw the deceased alive on **May 30th, 1951**, and that death occurred at **9 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edw. Crites M.D.	23b. ADDRESS W.10. Sedgewickville Mo.	23c. DATE SIGNED 6/8/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 3, 1951	24c. NAME OF CEMETERY OR CREMATORY Yount Lutheran	24d. LOCATION (City, town, or county) (State) Yount Missouri
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DATE REC'D BY LOCAL REG. July 23-1951	REGISTRAR'S SIGNATURE Joe J. Zellen	25. FUNERAL DIRECTOR'S SIGNATURE WEBB-ADAMSON	ADDRESS FREDERICKTOWN, MO
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RECEIVED

AUG 11 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

Melvin Miller

Licensed Embalmer No. *4407*

P. O. Address *Fredricktown, 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.