

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27698

State File No.

FILED AUG 29 1957

BIRTH NO. _____ REG. DIST. NO. 229 PRIMARY REG. DIST. NO. 4343 Registrar's No. 30

0765
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Florence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Florence</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sadie</u> b. (Middle) <u>Clark</u> c. (Last) <u>Hahn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-18-1957</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>7-18-1902</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Darville Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>William Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Felkins</u>		14. NAME OF HUSBAND OR WIFE <u>Albert Hahn</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert Hahn New Florence Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHIAL PNEUMONIA</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL HAEMMORRHAGE</u>			<u>3 day</u>
		DUE TO (c) <u>CEREBRAL HAEMMORRHAGE</u>			<u>3 months</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ARTERIO-SCLEROSIS</u>			<u>5 years</u>

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 20, 1951, to Aug 18, 1957, that I last saw the deceased alive on Aug 18, 1957, and that death occurred at 8 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James O. Helm M.D.</u> (Degree or title)		23b. ADDRESS <u>New Florence MO.</u>		23c. DATE SIGNED <u>8-20-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>8-20-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Florence</u>	
		24d. LOCATION (City, town, or county) (State) <u>New Florence Mo</u>			
DATE REC'D BY LOCAL REG. <u>8-20-57</u>		REGISTRAR'S SIGNATURE <u>James O. Helm M.D.</u>		25. EMBALMER'S SIGNATURE <u>C. W. HOPKINS</u> ADDRESS <u>C. W. HOPKINS MONTGOMERY CITY MO</u>	

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~~ on the 18

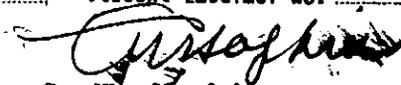
day of Aug 1951

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____


C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.