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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23875

FILED JUL 31 1953

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5713 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY: BOLLINGER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - UNION TOWNSHIP
c. LENGTH OF STAY (in this place): 70 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 mi. N.W. of PATTON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BOLLINGER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - UNION TOWNSHIP 0090
d. STREET ADDRESS (If rural, give location): 5 mi. N.W. of PATTON

3. NAME OF DECEASED (Type or Print)
a. (First): BELINDA
b. (Middle): —
c. (Last): HAHN

4. DATE OF DEATH (Month) (Day) (Year): JULY 19, 1953

5. SEX: FEMALE 1

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW 2

8. DATE OF BIRTH: AUG. 19, 1864

9. AGE (In years last birthday): 88 — If under 1 year: Months 10, Days 0; If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BOLLINGER CO. MO. 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN BEAMER

13b. MOTHER'S MAIDEN NAME: POLLY BOLLINGER

14. NAME OF HUSBAND OR ~~WIFE~~: BENJAMIN F. HAHN (DECEASED)

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: ORNA HAHN
ADDRESS: YOUNT, 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): Carcinoma of face

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 191X

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* June 1, 1952, *to* July 19, 1953, *that I last saw the deceased alive on* July 18, 1953, *and that death occurred at* 11:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edw. Crites M.D.

23b. ADDRESS: Sedgewickville Mo.

23c. DATE SIGNED: 7/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-21-53

24c. NAME OF CEMETERY OR CREMATORY: OLD BAPTIST CEMETERY

24d. LOCATION (City, town, or county) (State): BOLLINGER COUNTY MO.

DATE REC'D BY LOCAL REG.: 7-25-53

REGISTRAR'S SIGNATURE: Willie Dean Cunningham

25. FUNERAL DIRECTOR'S SIGNATURE: L. Adamson

ADDRESS: FREDERICKTOWN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown, Mo.

Signed .....
Student Embalmer

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.