

FILED JUN 23 1955

THE DIVISION OF DEATHS  
STANDARD CERTIFICATE OF DEATH

1967

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5976 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Walnut Grove</u>		c. CITY OR TOWN <u>Walnut Grove</u> d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) <u>4 miles N.W. of Walnut Grove - Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi N.W. of Walnut Grove</u>		f. STREET ADDRESS _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROY</u> b. (Middle) <u>H.</u> c. (Last) <u>HAHN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 13 - 1955</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept 29 - 1877</u>	
9. AGE (in years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired office mgr Wilson &amp; Co.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired office mgr Wilson &amp; Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Calhoun, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U-S-A.</u>	
13a. FATHER'S NAME <u>Daniel Hahn</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Edmonson</u>	
14. NAME OF HUSBAND OR WIFE <u>Frankie Hahn</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Frankie Hahn - Walnut Grove - Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary heart disease</u> DUE TO (c) <u>4201</u> 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 _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>several years.</u>	
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) _____	
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 <u>March 1, 1953</u> , to <u>March 3, 1953</u> , that I last saw the deceased alive on <u>March 3, 1953</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Barber MD</u> (Degree or title)		23b. ADDRESS <u>Walnut Grove - Mo</u>	
23c. DATE SIGNED <u>June 14 - 1955</u>		24a. BURLIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 15 - 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Walnut Grove - Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brew - Daniel - Walnut Grove - Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 24, 1955</u>		REGISTRAR'S SIGNATURE <u>Ralph Garden</u> 258-0	
ADDRESS _____		ADDRESS _____	

(Licensed Embalmer's Signature on Reverse Side)

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

JUL 27 1955

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**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.....  
Signature of Student Embalmer

Signed *Wayne L. Samuel*.....  
Licensed Embalmer No. *470*  
P. O. Address *Oshtemo*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.