

FILED AUG 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21422

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5184 Registrar's No. 141

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| 1. PLACE OF DEATH<br>a. COUNTY <u>Cape Girardeau</u>   |  | 2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Whitewater</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Whitewater</u>   |  |
| c. LENGTH OF STAY (in this place) <u>30 yrs.</u>   |  | d. STREET ADDRESS (If rural, give location) <u>4 mi West Millerwell</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi West Millerwell</u>                          |  |  |  |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED<br>a. (First) <u>SARAH</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>HAHS</u> |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>July 19, 1955</u> |  |  |
|---|--|--|--|--|--|

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|----------------------|--|-------------------------------|--|---|--|--------------------------------------|--|---|--|--|--|--|--|
| 5. SEX <u>Female</u> |  | 6. COLOR OR RACE <u>white</u> |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> |  | 8. DATE OF BIRTH <u>July 5, 1872</u> |  | 9. AGE (in years last birthday) <u>83</u> |  | IF UNDER 1 YEAR: Months _____ Days _____ |  | IF UNDER 24 HRS. Hour _____ Min. _____ |  |
|----------------------|--|-------------------------------|--|---|--|--------------------------------------|--|---|--|--|--|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u> |  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____ |  |  |  | 11. BIRTHPLACE (State or foreign country) <u>near Millerwell Mo</u> |  |  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |  |  |  |
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| 13a. FATHER'S NAME <u>Francis Hartle</u> |  |  |  | 13b. MOTHER'S MAIDEN NAME <u>Josephine Baker</u> |  |  |  | 14. NAME OF HUSBAND OR WIFE <u>Columbus Hahs</u> |  |  |  |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> |  | 16. SOCIAL SECURITY NO. <u>none</u> |  | 17. INFORMANT'S SIGNATURE OR NAME - ADDRESS<br><u>Glenn Hahs Millerwell Mo</u> |  |  |  |  |  |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>✓</u><br>DUE TO (c) <u>✓</u> <u>4221</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Mild ecchymosis</u> |  |  |  |  |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>12 hrs</u> |  |
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| 19a. DATE OF OPERATION _____ |  | 19b. MAJOR FINDINGS OF OPERATION: <u>✓</u> |  |  |  |  |  | 20. AUTOPSY?<br>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) _____ m. |  |  |  | 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 June 1, 1955, to July 19, 1955, that I last saw the deceased alive on July 18, 1955, and that death occurred at 5:18 m, from the causes and on the date stated above.

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|---|--|--|--|--------------------------------|--|--|--|---------------------------------|--|--|--|
| 23a. SIGNATURE <u>W. H. Seabough M.D.</u> (Degree or title) |  |  |  | 23b. ADDRESS <u>Jackson Mo</u> |  |  |  | 23c. DATE SIGNED <u>7-22-55</u> |  |  |  |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> |  | 24b. DATE <u>July 2, 1955</u> |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Hartle</u> |  | 24d. LOCATION (City, town, or county) (State) <u>3 mi West Millerwell Mo</u> |  |  |  |  |  |
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| DATE REC'D BY LOCAL REG. <u>7/22/55</u> |  | REGISTRAR'S SIGNATURE <u>W. H. Seabough</u> <u>518</u> |  |  |  | 25. FUNERAL DIRECTOR'S SIGNATURE - ADDRESS <u>Miller Jackson Mo</u> |  |  |  |  |  |
|---|--|--|--|--|--|---|--|--|--|--|--|

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

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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 .....  
Student Embalmer

Signed Leyman Steele

Licensed Embalmer No. 2476

P. O. Address Jackson 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.