

26881

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300

10.48

FILED SEP 12 1955

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>555</u>		
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>				
b. CITY OR TOWN <u>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>Brookfield,</u>		1-2-82 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McLarney Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>812 West Dake Street</u>				
3. NAME OF DECEASED (Type or Print) <u>HIRAM HAHN</u>			a. (First)			b. (Middle)		
c. (Last)			4. DATE OF DEATH <u>Sept. 7, 1955</u>			5. SEX <u>M</u>		
6. COLOR OR RACE <u>W</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			8. DATE OF BIRTH <u>Nov. 26, 1886</u>		
9. AGE (In years last birthday) <u>68</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Conductor</u>			11. BIRTHPLACE (State or foreign country) <u>Creston, Iowa</u>		
12. CITIZEN OF WHAT COUNTRY? <u>US</u>			13a. FATHER'S NAME <u>Edward Hahn</u>			13b. MOTHER'S MAIDEN NAME <u>Emma -</u>		
14. NAME OF HUSBAND OR WIFE <u>Lou 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>Mrs. Lou Hahn, Brookfield, 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>Acute Congestive Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>Multiple Coronary Arteriosclerosis</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"/>		
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>						
22. I hereby certify that I attended the deceased from <u>Oct. 10, 1947, to 9-7, 1955</u> , that I last saw the deceased alive on <u>Sept. 7, 1955</u> , and that death occurred at <u>6 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R. S. Bohm, M.D.</u>				23b. ADDRESS <u>Brookfield, Mo.</u>		23c. DATE SIGNED <u>9-9-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 10, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-9-1955</u>		REGISTRAR'S SIGNATURE <u>Walter Brown</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wright Funeral Home, Brookfield, Mo.</u>		ADDRESS _____		

(Licensed Embalmer's Statement on Reverse Side)

9-9-1955

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

1956  
S 100

**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 Harold B. Wright

Licensed Embalmer No. 7 3718

P. O. Address Brookfield, 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.