

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23023

State File No.

FILED AUG 6 - 1956

BIRTH NO. _____ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 3010 Registrar's No. 361

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Whitewater</u>	
c. LENGTH OF STAY (In this place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi. E. Sedgewickville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo. Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Bennett</u>	c. (Last) <u>Hahs</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 21 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 27 1876</u>	9. AGE (In years last birthday) <u>79</u>	10. UNDER 2 HRS. Hours <u>9</u> Min. <u>24</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry C. Hahs</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Seabaugh</u>	14. NAME OF HUSBAND OR WIFE <u>Matilda Hahs (Dec)</u>
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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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>Mr. W. H. Hahs Sedgewickville Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Left Hip</u>		
	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. <u>Arteriosclerosis</u>		3 yrs.	

19a. DATE OF OPERATION <u>7-14-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fracture of left hip</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>016</u> (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?
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22. I hereby certify that I attended the deceased from Nov., 1956, to July 21, 1956, that I last saw the deceased alive on July 21, 1956, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. F. McDonald MD</u> (Degree or title)	23b. ADDRESS <u>Jackson, Mo.</u>	23c. DATE SIGNED <u>7-25-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 23, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sedgewickville</u>	24d. LOCATION (City, town, or county) (State) <u>Sedgewickville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-30-56</u>	REGISTRAR'S SIGNATURE <u>C. G. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Hud. Co. Jackson, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *BA Meyer* _____

Licensed Embalmer No. *3051* _____

P. O. Address *Jacksonville* _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.