FILED AUG 13 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 24796

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 269

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MADISON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL ST. FRANCOIS — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN FREDERICKTOWN 062 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MINERAL AREA OSTEO. HOSP. — Length of stay in 1b 3 DAYS	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ENOCH Middle Last HAHS			4. DATE OF DEATH Month AUG. Day 2 Year 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH JULY 24, 1875	9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months 0 Days 8 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner	10b. KIND OF BUSINESS OR INDUSTRY COBALT MINING		11. BIRTHPLACE (City and state or country) SEDGEVILLE, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ELI HAHS			14. MOTHER'S MAIDEN NAME MARYATHIELE	
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. 498-03-9147	17. INFORMANT Address ALDEN HAHS, FREDERICKTOWN, MO.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute circulatory failure — INTERVAL BETWEEN ONSET AND DEATH 7 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardio vascular artioscrlesis - years

DUE TO (c) Fractured hip - left 9040 2 wks.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 21

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell at home 062

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 7-18-56

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 30, 1956 to August 2 1956 and last saw him alive on Aug 2, 1956

Death occurred at 9:15 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul P Edgar, DD. 2	22b. ADDRESS	22c. DATE SIGNED 8-2-56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8/4/56	23c. NAME OF CEMETERY OR CREMATORY CHRISTIAN CEMETERY	23d. LOCATION (City, town, or county) (State) FREDERICKTOWN, MO?
24. FUNERAL DIRECTOR NAJIM FUNERAL HOME	ADDRESS FREDERICKTOWN, MO	25. DATE RECD. BY LOCAL REG. Aug. 2, 1956	26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles McCarty

Licensed Embalmer No. 48

P. O. Address Frederick

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.