

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8032**

FILED MAR 26 1957

BIRTH NO. 13095-57 REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Chentan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Chentan</u>	
b. CITY OR TOWN <u>Cameron</u>		c. CITY OR TOWN <u>Cameron</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hosp D</u>		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DENNIS</u> b. (Middle) <u>JAMES</u> c. (Last) <u>Hahn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 18 57</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	
8. DATE OF BIRTH <u>3-17-57</u>		9. AGE (In years last birthday)		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Cameron MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cameron MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Maurin Hahn</u>			13b. MOTHER'S MAIDEN NAME <u>Helen Irene Beunette</u>			14. NAME OF HUSBAND OR WIFE <u>Infant</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. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maurin Hahn Cameron</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital atelectasis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs</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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7620</u>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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?	

22. I hereby certify that I attended the deceased from Mar 17, 1957 to Mar 18, 1957, that I last saw the deceased alive on Mar 18, 1957 and that death occurred at 146 am., from the causes and on the date stated above.

23a. SIGNATURE <u>F. D. Olson</u>		23b. ADDRESS <u>D.D. Cameron, Mo</u>		23c. DATE SIGNED <u>3-19-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-19-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Packard</u>	
		24d. LOCATION (City, town, or county) <u>Cameron</u>		24e. (State) <u>MO</u>	

DATE REC'D BY LOCAL REG. <u>3-19-57</u>		REGISTRAR'S SIGNATURE <u>Francis D. Crawford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Poland Funeral Home Cameron</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

Birth No 30

53;
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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 *Robert J. Poland*

Licensed Embalmer No. *4177*
222 West
P. O. Address *Common*

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.