

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 8 - 1957

State File No. 11782

BIRTH NO. _____		REG. DIST. NO. 328		PRIMARY REG. DIST. NO. 30-73-		Registrar's No. 12		
1. PLACE OF DEATH a. COUNTY SCOTT 1000				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SCOTT				
b. CITY OR TOWN (Outside corporate limits, write RURAL and give township) RURAL Kelso Twp.		c. LENGTH OF STAY (in this place) 19 YRS		c. CITY OR TOWN CHAFFEE 1000		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. #1 - CHAFFEE, Mo.				e. STREET ADDRESS (If rural, give location) R.F.D. #1				
3. NAME OF DECEASED a. (First) REGINA b. (Middle) FRANCES c. (Last) HAHN			4. DATE OF DEATH (Month) (Day) (Year) MARCH 27 1957					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 10, 1897		
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (City and State or Foreign Country) Kebso, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME JOSEPH BLATTEL		13b. MOTHER'S MAIDEN NAME LOUISE HEISSERER		14. NAME OF HUSBAND OR WIFE LOUIS HAHN				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LOUIS HAHN - RFD #1 - CHAFFEE, Mo.				
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) Dehydration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma - rt. adilla, breast, pelvis and spine DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 10 days about 1 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) (Min.)		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 12-24, 1956, to 3-27, 1957, that I last saw the deceased alive on 3-25, 1957, and that death occurred at 12:45 p.m., from the causes and on the date stated above.								
23a. SIGNATURE W. D. Denny, M.D.				23b. ADDRESS Chaffee, Mo.		23c. DATE SIGNED 3/28/57		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-30-1957		24c. NAME OF CEMETERY OR CREMATORY St. Ambrose Catholic Cem.		24d. LOCATION (City, town, or county) (State) CHAFFEE, MISSOURI		
DATE REC'D BY LOCAL REG. 3-30-57		REGISTRAR'S SIGNATURE Mustel Buehler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DISPLINGHOFF FUNERAL HOME - CHAFFEE, Mo.				

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

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DATE RECEIVED APR 1 1957

SCOTT-CO. HEALTH DEPT.

CO. FILE NO. 457-67

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 Jack I. Burnett
Licensed Embalmer No. 4473

P. O. Address Chaffee, N.

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.