

FILED MAY 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 01 8 09 3

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 67

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY PENSICOT		b. CITY (If outside corporate limits, give TOWNSHIP or TOWN) HAYTI, MO.		a. STATE MISSOURI		b. COUNTY NEW MADRID	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION PENSICOT MEMORIAL		Length of stay in lb 6 hrs.		c. CITY OR TOWN PORTAGEVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				d. STREET ADDRESS 705 KING AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			First Middle Last			4. DATE OF DEATH	
BERTHA			HAHN			Month Day Year APRIL 6, 1957	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 16, 1886		9. AGE (In years last birthday) 70	10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) NEW HAMBURG, MO.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME JOSEPH KLIPFEL				14. MOTHER'S MAIDEN NAME ROSE HEISSER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address MRS. CLARENCE ADAMS, PORTAGEVILLE, MO.			
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 dilatation - cardiac muscle DUE TO (b) acute ventricular flutter DUE TO (c) hypertensive cardiovascular disease						INTERVAL BETWEEN ONSET AND DEATH 2 hrs. 14 min.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 443x				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Dec. 1956 to April 1957 and last saw her alive on 6 April 57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R. S. Smith M.D.				22b. ADDRESS Portageville, Mo.		22c. DATE SIGNED 10 April 57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
BURIAL		APRIL 9, 1957		PORTAGEVILLE CEMETERY		PORTAGEVILLE, MISSOURI	
24. FUNERAL DIRECTOR ADDRESS DELISLE FUNERAL PARLOR, PORTAGEVILLE, MO.				25. DATE RECD. BY LOCAL REG. 5-1-57		26. REGISTRAR'S SIGNATURE John W. Berner	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

5-134-57

MAY 29 1957

MISSOURI STATE HEALTH DEPARTMENT
COURTHOUSE PHONE 79
FEB 23 1960 CARUTHERSVILLE, MO.

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 *Joseph A. Higgins*
Licensed Embalmer No. 44

P. O. Address *Portage*

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.