

FILED NOV 12 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35054**

BIRTH NO. _____		REG. DIST. NO. <b>53</b>		PRIMARY REG. DIST. NO. <b>3010</b>		Registrar's No. <b>504</b>	
1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bollinger</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Cape Girardeau</b> )		c. LENGTH OF STAY (in this place) <b>1 week</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Whitewater Twp.</b>		d. STREET ADDRESS (If rural, give location) <b>2 mi. No. Sedgewickville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Southeast Missouri</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>BETTY</b>			b. (Middle) <b>SUE</b>		c. (Last) <b>HAHS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 30, 1957</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Feb. 26, 1928</b>		9. AGE (In years last birthday) <b>29</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Never Employed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Wilbur L. Hahs</b>			13b. MOTHER'S MAIDEN NAME <b>Eula Kuhlmann</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>W. L. Hahs Sedgewickville, Mo.</b>			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic pyelonephritis years</b> DUE TO (c) <b>6000</b>					INTERVAL BETWEEN ONSET AND DEATH <b>7 weeks</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Post-influenzal pneumonia right lower lobe</b>					10 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		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 <b>2/18, 1957</b> , to <b>10/30, 1957</b> , that I last saw the deceased alive on <b>Oct 30, 1957</b> , and that death occurred at <b>2</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>H. H. Trolinger, M.D.</b>			23b. ADDRESS <b>H. H. TROLINGER, M. D. JACKSON, MISSOURI</b>			23c. DATE SIGNED <b>11/1/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/31/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sedgewickville</b>		24d. LOCATION (City, town, or county) (State) <b>Sedgewickville, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>11-4-57</b>		REGISTRAR'S SIGNATURE <b>T. C. Summers</b>		FUNERAL DIRECTOR'S SIGNATURE <b>McComb's Funeral Home Jackson, Mo.</b>		ADDRESS	

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 B R Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson Mo

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