

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027899
STATE FILE NUMBER

FILED AUG 1 1958

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Sikeston 10030 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hosp. Length of stay in 1b 5 Days		d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Josephine Middle — Last Hahn			4. DATE OF DEATH Month 7 Day 20 Year 1958
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 12-25-1881
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. AGE (In years last birthday) 76	9c. IF UNDER 1 YEAR Months — Days — Hours — Min. —
10. 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, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John Scherer	
14. MOTHER'S MAIDEN NAME Miller		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 Mrs. John Brown, Oran, Mo. Address —	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal hemorrhage DUE TO (b) Carcinoma of stomach DUE TO (c) 151X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 3 days.
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.)		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 April 1, 1958 to 7-20-58 and last saw her ^{her} him alive on 7-20-58 Death occurred at 5:08 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. A. Urban, M.D. (Degree or title)		22b. ADDRESS Sikeston, Mo.	
22c. DATE SIGNED 7-21-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 7-23-1958		23c. NAME OF CEMETERY OR CREMATORY St. Lawrence Cemetery	
23d. LOCATION (City, town, or county) New Hamburg, Missouri		23e. (State) Missouri	
24. FUNERAL DIRECTOR Bispinghoff Funeral Home - Craffee, Mo. ADDRESS —		25. DATE RECD. BY LOCAL REG. 7-23-58	
26. REGISTRAR'S SIGNATURE Margaret Hunter		27. (State) Missouri	

DATE RECEIVED 7-28-58

AUG 20 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 758-187

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 T. Burnett

Licensed Embalmer No. 447

P. O. Address Chester,

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