

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040455

STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 157 Primary Registration District No. 5584 Registrar's No. 211

300
1-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arihwa		c. CITY OR TOWN Arihwa	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Length of stay in 1b 049 ^d STREET ADDRESS (If outside, give location) 0	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Justus Earl Hahlb			4. DATE OF DEATH Month Day Year 11-14-1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-24-1890	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days 7 20	IF UNDER 24 HRS. Hours Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Merchant	11. BIRTHPLACE (City and state or country) Lawrence Co. 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME W.A. Hahlb	13b. MOTHER'S MAIDEN NAME Josie Taylor	14. NAME OF HUSBAND OR WIFE Evelyn Hahlb
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or years of service) Yes World War I	16. SOCIAL SECURITY NO. 498-28-7336	17. INFORMANT Evelyn Hall Address Avilla Mo.
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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 Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease	
	DUE TO (c)	
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.) 4200
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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
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21. I attended the deceased from 3-29-57 to 11-14-58 and last saw him alive on 11-5-58 Death occurred at 11:20 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Death or title) Richard R. Collier M.D.	22b. ADDRESS Careage, Mo.	22c. DATE SIGNED 11-15-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-17-1958	23c. NAME OF CEMETERY OR CREMATORY Arihwa	23d. LOCATION (City, town, or county) (State) Arihwa Mo.
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24. FUNERAL DIRECTOR Morris Leiman	ADDRESS Miller Mo.	25. DATE RECD. BY LOCAL REG. 11-19-58	26. REGISTRAR'S SIGNATURE EM Clifton
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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DEC 19 1958

DEC 5 1958

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 *E. R. Jensen*

Licensed Embalmer No. 3297

P. O. Address *Miller 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.