

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014027

STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 40

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Linn</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Linn</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Brookfield</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Brookfield</i> ^{0.5 82} ₀
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>113 East Clark</i>		Length of stay in lb <i>1 year</i>	d. STREET ADDRESS (Outside, give location) <i>113 East Clark</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>George W. Hahn</i>		4. DATE OF DEATH Month Day Year <i>April 29, 1959</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>September 3, 1872</i>
9a. AGE (In years last birthday) <i>86</i>		IF UNDER 1 YEAR Months Days Hours Min. <i>7 26</i>	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Church of the Brethren Minister</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>ministry</i>	11. BIRTHPLACE (City and state or country) <i>Albion, Indiana</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13a. FATHER'S NAME <i>Valentine Hahn</i>	
13b. MOTHER'S MAIDEN NAME <i>Almeda (Unknown)</i>		14. NAME OF HUSBAND OR WIFE <i>Elizabeth Hahn (deceased)</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT Address <i>Mrs. Ruth Kintner, Indianapolis Ind.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Interstitial Nephritis</i> DUE TO (b) <i>Sarcoid</i> DUE TO (c) _____ 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 <i>2 yrs.</i> <i>Several years</i>
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.) <i>594X</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 <i>1959</i>	
21. I attended the deceased from <i>Jan. 58</i> to <i>April 29</i> and last saw her alive on <i>April 29-1959</i> Death occurred at <i>S. H. M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>H. H. Patten</i>		22b. ADDRESS <i>Brookfield Mo.</i>	
22c. DATE SIGNED <i>5-1-59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>May 4, 1959</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Crownland Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Noblesville, Indiana</i>	
24. FUNERAL DIRECTOR <i>Will Funeral Home, Brookfield, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>5-1-59</i>	
26. REGISTRAR'S SIGNATURE <i>Katharine Johnson</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Local, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Gerald T. Wall*

Licensed Embalmer No. *4172*

P. O. Address *.....*

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.