

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030182

FILED VS SEP 9 1959 316

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 343

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Leadwood		c. CITY OR TOWN Leadwood	
Length of stay in 1b 70 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First George Middle Ellis Last Iahn			4. DATE OF DEATH Month Sept Day 2 Year 1959			
5. SEX MALE	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 7-5-1882	9. AGE (last birthday) 77 yrs.	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		10b. KIND OF BUSINESS OR INDUSTRY St. Joe Lead Co.		11. BIRTHPLACE (City and state or country) Bonne Terre, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Henry Iahn		13b. MOTHER'S MAIDEN NAME Unknown Mary E. Blue		14. NAME OF HUSBAND OR WIFE Elizabeth Iahn		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-03-9955		17. INFORMANT Address Lester Iahn, Leadwood, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Decompensated Cor Pulmonale with Circulatory Failure		Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic Pulmonary Emphysema	Years
	DUE TO (c) Chronic Bronchial Asthma	Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 _____ a.m. _____ p.m. Month, Day, Year _____	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 **December 21, 1957** to **Sept. 2, 1959** and last saw ~~him~~ **her** alive on **Sept. 1, 1959**
Death occurred at **5:25 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) M. M. Beck D. O.		22b. ADDRESS Bismarck, Missouri		22c. DATE SIGNED 9-2-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-4-59	23c. NAME OF CEMETERY OR CREMATORY Leadwood Cemetery		23d. LOCATION (City, town, or county) (State) Leadwood, Missouri

24. FUNERAL DIRECTOR Bert L. Boyer, Leadwood, Mo.	25. DATE RECD. BY LOCAL REG. Sept. 4, 1959	26. REGISTRAR'S SIGNATURE Esther Rudloff
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bert R. Bay

Licensed Embalmer No. 5441

P. O. Address Leadwood

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.