

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 6 1959

59-031684

Registration District No. **53** Primary Registration District No. **3010** Registrar's No. **3490** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Bollinger						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in lb 11 days		c. CITY OR TOWN Marble Hill,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		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 LYMAN Middle ALEXANDER Last HAHN				4. DATE OF DEATH Month 9 Day 21 Year 1959						
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-1-1889	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months 70 Days	IF UNDER 24 HR Hours 70 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Bollinger County		12. CITIZEN OF WHAT COUNTRY U.S.			
13a. FATHER'S NAME D. E. Hahn			13b. MOTHER'S MAIDEN NAME Mary E. Stevens			14. NAME OF HUSBAND OR WIFE Retta Mae Hahn				
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. No		17. INFORMANT Address Retta Mae Hahn, Marble Hill					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism DUE TO (b) Prostate surgery DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 5 days 7 days			
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 8:20 a.m. Month, Day, Year 9-11-59			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 Marble Hill, Mo		COUNTY Mo	STATE Mo
21. I attended the deceased from 9-11-59 to 9-21-59 and last saw him alive on 9-21-59 Death occurred at 8:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS 19 N. Pacific Cape Girardeau Mo.		22c. DATE SIGNED 9-25-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 9-23-1959	23c. NAME OF CEMETERY OR CREMATORY Hahns Chapel Cen.		23d. LOCATION (City, town, or county) Marble Hill, Mo			(State)		
24. FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS 10-3-1959				25. DATE RECD. BY LOCAL REG. 10-3-1959		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 7 1959

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 Kenneth Liley, Student Embalmer No. 579

working under my personal supervision.

Student Kenneth Liley
Signature of Student Embalmer

Signed R. O. Laine

Licensed Embalmer No. 4538

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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