JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-031304

STATE FILE NUMBER

FILED 13 SEP 13 1960

Registration District No. 200 Primary Registration District No. _____ Registrar's No. 144

:NDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: MACON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: HUDSON
Length of stay in 1b: 25 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: STILL-Hildreth
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: MACON
c. CITY OR TOWN: MACON
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): S Allen st.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: EMMA Middle: Last: HAHN

4. DATE OF DEATH: Month 9 Day 3 Year 1960

5. ~~SEX~~: Female

6. COLOR OR RACE: W

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3/5/78

9. AGE (last birthday): 82

IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Retail Store

11. BIRTHPLACE (City and state or country): Macon, Mo

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: CRIST HAHN

13b. MOTHER'S MAIDEN NAME: Catherine Zollman

14. NAME OF HUSBAND OR WIFE: no.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: 490-01-2011

17. INFORMANT: Fred Robins Address: Macon, Mo.

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 Circulatory Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Decompensated Hypertensive Heart Disease
DUE TO (c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 8/4/60, to 9/3/60 and last saw her ~~him~~ alive on 9/5/60
Death occurred at 9:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Harry S. Still DO (Degree or title)

22b. ADDRESS: Macon, Mo.

22c. DATE SIGNED: Sept 3, 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Sept. 3. 1960

23c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.

23d. LOCATION (City, town, or county) (State): Macon, Mo.

24. FUNERAL DIRECTOR: Lester Hutton ADDRESS: Macon, Mo

25. DATE RECD. BY LOCAL REG.: 9-6-60

26. REGISTRAR'S SIGNATURE: Curtis McNeely

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Charles L Hettlo

Signature of Student Embalmer

Licensed Embalmer No. 45-77

P. O. Address Macon

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