

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011996

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 233 Primary Registration District No. 4343 Registrar's No. 85

FILED MAR 21 1962

VS 300  
Rev. 4/59

1 0700

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12 90-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>New Florence, Mo</u>		Length of stay in lb <u>20 Years</u>	c. CITY OR TOWN <u>New Florence, Mo</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		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 <u>Albert</u> Middle <u>Julius</u> Last <u>Hahn</u>			4. DATE OF DEATH Month <u>March</u> Day <u>6</u> Year <u>1962</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-27-1887</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>New Florence, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U S</u>
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13a. FATHER'S NAME <u>Julius Hahn</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Melchor</u>	14. NAME OF HUSBAND OR WIFE <u>Sadie C Hahn</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>William Blau High Hillm Mo</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Congestive Thrombosis</u>		<u>1 1/2 hrs.</u>
DUE TO (b) <u>Chronic Myocarditis</u>		
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 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.)	22c. DATE SIGNED <u>3-7-62</u>
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20c. TIME OF INJURY Hour <u>          </u> a.m. <u>          </u> 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 <u>2-20-62</u> to <u>3-5-62</u> and last saw her/him alive on <u>3-3-62</u> Death occurred at <u>          </u> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Jozelm MD</u>	22b. ADDRESS <u>New Florence Mo</u>
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23b. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23c. DATE <u>3-10-1962</u>	23d. NAME OF CEMETERY OR CREMATORY <u>New Florence Cemetery</u>	23e. LOCATION (City, town, or county) (State) <u>New Florence, Mo</u>
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24. FUNERAL DIRECTOR ADDRESS <u>D B Baker New Florence, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>3-7-1962</u>	26. REGISTRAR'S SIGNATURE <u>Laura B Callaway</u>
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USE BLACK INK OR TYPEWRITER RIBBON

MAR 22 1962

**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 D B Baker

Licensed Embalmer No. 3375

P. O. Address New Florence, 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.