

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009172  
STATE FILE NUMBER

MAR 23 1959

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 68

300  
1-57

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		c. CITY OR TOWN Clinton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General		d. STREET ADDRESS (If outside, give location) 302 E. Chio	
3. NAME OF DECEASED (Type or print) First Middle Last Mary Louise Hahn		4. DATE OF DEATH Month Day Year March 20. 1959	
5. SEX Female	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 Feb 10. 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Sweet Springs, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Benjamin Schrive		14. NAME OF HUSBAND OR WIFE	
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.	
17. INFORMANT Mrs Ben Simes		Address Clinton, Missouri	
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 Congestive Heart Failure DUE TO (b) Chronic Myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (c) 4222.F			INTERVAL BETWEEN ONSET AND DEATH 3 days 6 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture intertrochanteric left femur. Feb 2 1959			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shipped and fell on floor	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 2-2-59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Clinton, Henry, Missouri	
21. I attended the deceased from Feb 2, 1959, to March 20, 1959 and last saw him alive on March 20, 1959 Death occurred at 6:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. J. Mc Intyre M.D.		22b. ADDRESS Clinton, Mo.	
22c. DATE SIGNED 21 March 59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-22-1959	
23c. NAME OF CEMETERY OR CREMATORY Englewood cemetery		23d. LOCATION (City, town, or county) (State) Clinton, Missouri	
24. FUNERAL DIRECTOR Sickman-Dunning		25. DATE RECD. BY LOCAL REG. 3-21-59	
26. REGISTRAR'S SIGNATURE Mildred Bigum			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Caution: Coroner, etc., must use only standard nomenclature in item 18. 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 *Robert J. Dunning* .....

Licensed Embalmer No. *4710* .....

P. O. Address *Clinton, 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.