

FILED MAY 15 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **14409**BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6070 Registrar's No. 180

1. PLACE OF DEATH a. COUNTY <b>St Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St Francois</b>	
b. CITY OR TOWN <b>Rural Liberty Twpd</b>	c. LENGTH OF STAY (in this place) <b>0</b>	c. CITY OR TOWN <b>Rural</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>040</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway H</b>		f. STREET ADDRESS (If rural, give location) <b>Knob Lick R.R. # 1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Carl</b>		b. (Middle) <b>Hahn</b>		c. (Last) <b>Hahn</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 3 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Feb. 26, 1924</b>		9. AGE (In years last birthday) Months Days <b>32 2 7</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Drill Helper</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Flat River, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Lloyd Hahn</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Winch</b>		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) <b>no</b>		16. SOCIAL SECURITY NO. <b>188-20-2996</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Lloyd Hahn Knob Lick, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Skull Fracture and Crushed Chest</b> ANTECEDENT CAUSES <b>Coroner Jury Verdict. from car by a head on collision</b> DUE TO (b) <b>of a 1950 Dodge car driven by James Long, 30 years of age and a 1954 Chevrolet driven by Carl Hahn, 32 years of age. We find the accident was due in part to lack of care on the part of both parties and had neither condition compensated with</b> DUE TO (c) <b>32 years of age. We find the accident was due in part to lack of care on the part of both parties and had neither condition compensated with</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>a narrow road.</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Public Highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Francois Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>May 3, 1956 6:25 a.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>head on collision of two automobiles. 094</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Bert J. Miller</b>		(Degree or title) <b>Coroner Farmington, Mo</b>		23b. ADDRESS <b>Fredericktown, Mo.</b>		23c. DATE SIGNED <b>5/5/56</b>	
24a. BURIAL CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>5/6/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Marcus Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Fredericktown, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>May 5, 1956</b>		REGISTRAR'S SIGNATURE <b>Eather Rudloff</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Miller Funeral Home, Farmington, Mo.</b>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Licensed Embalmer No. 412

P. O. Address Farmington

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.