

Dr. Hahn

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009031

STATE FILE NUMBER

ILLU MAR 23 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 294

300  
1-57

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. MISSOURI b. COUNTY Howell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WEST PLAINS <i>c 46%</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 936 N. LINCOLN
3. NAME OF DECEASED (Type or print) First Middle Last MAUDE E. CALLAHAN			4. DATE OF DEATH Month Day Year MARCH 18 1959
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 4 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) POTTERSVILLE, MO. 0
13a. FATHER'S NAME ED FOX		13b. MOTHER'S MAIDEN NAME SOPHIA HUDLOW	14. NAME OF HUSBAND OR WIFE OTT CALLAHAN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> No <input type="checkbox"/> unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NO	17. INFORMANT OTT CALLAHAN Address WEST PLAINS, 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) <i>Hypertensive cardiovascular disease with congestive heart failure and uraemia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes mellitus</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 Month, Day, Year a.m. 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
21. I attended the deceased from <i>3-11-59</i> , to <i>3-18-59</i> and last saw her <i>live</i> on <i>3/18/59</i> Death occurred at <i>9:40 A.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Andrew Hahn</i> (Degree or title)		22b. ADDRESS M.D. 609 Cherry-Springfield, Mo.	22c. DATE SIGNED 3-18-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3/20/59	23c. NAME OF CEMETERY OR CREMATORY UNION GROVE	23d. LOCATION (City, town, or county) (State) WEST PLAINS, MO.
24. FUNERAL DIRECTOR H.H. LOHMEYER ADDRESS SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 3-19-59	26. REGISTRAR'S SIGNATURE <i>Effie E. Melton</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *H. L. V. McQueen* .....

Licensed Embalmer No. *2727* .....

P. O. Address *Springfield* .....

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.