

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041105

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 407

FILED OCT 16 1963			
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>St. Francois</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u> Length of stay in 1b _____</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>Madison</u></p> <p>c. CITY OR TOWN <u>Fredericktown</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>407 Villar St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>3. NAME OF DECEASED First Middle Last <u>Daniel (Unknown) Hahn</u></p>			
<p>4. DATE OF DEATH Month Day Year <u>Oct. 11/1963</u></p>			
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>3/20/1886</u></p>
<p>9. AGE (last birthday) <u>77</u></p>		<p>10. KIND OF BUSINESS OR INDUSTRY <u>Retired</u></p>	
<p>11. BIRTHPLACE (City and state or country) <u>Madison County Mo.</u></p>		<p>12. CITIZEN OF WHAT COUNTRY <u>U.S. A.</u></p>	
<p>13a. FATHER'S NAME <u>Abraham Hahn</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Sarah Bell</u></p>	
<p>14. NAME OF HUSBAND OR WIFE <u>Unmarried</u></p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of _____)</p>	
<p>16. SOCIAL SECURITY NO. _____</p>		<p>17. INFORMANT Address <u>15 Valle St. William Skaggs St. Louis, Mo.</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Uremia -</u></p> <p style="text-align: center;">DUE TO (b) <u>Cancer of Urinary Bladder</u></p> <p style="text-align: center;">DUE TO (c) <u>Type Unknown</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>			<p>INTERVAL BETWEEN ONSET AND DEATH _____</p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____</p>			<p>PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____</p>			
<p>20c. TIME OF INJURY Hour s.m. p.m. _____</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE _____</p>	
<p>21. I attended the deceased from <u>Sept 24, 1963</u> to <u>10-11-63</u> and last saw ^{her} him <u>live on</u> <u>Oct 4, 1963</u></p> <p>Death occurred at <u>3 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) <u>R. A. Huckstep M.D.</u></p>		<p>22b. ADDRESS <u>Farmington, Mo</u></p>	
<p>22c. DATE SIGNED <u>10/13/63</u></p>		<p>(State)</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>Oct. 14/1963</u></p>	
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Old Bethel Cemetery</u></p>		<p>23d. LOCATION (City, town, or county) <u>Near Patton Missouri</u></p>	
<p>24. FUNERAL DIRECTOR ADDRESS <u>C.H. Cozean Farmington, Mo.</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>Oct 13, 1963</u></p>	
<p>26. REGISTRAR'S SIGNATURE <u>Ester Rudloff</u></p>			

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 21 1963

NOV 14 1963

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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 _____

C. H. Cozom

Licensed Embalmer No. 4084

P. O. Address Ferington, 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.