

FILED JAN 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39797

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4042 Registrar's No. 94

090  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOTESVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOTESVILLE, MO.</u>	
c. LENGTH OF STAY (In this place) <u>5 MONTHS</u>		d. STREET ADDRESS (If rural, give location) <u>LOTESVILLE BOROUGH</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOND AGED HOME</u>		3. NAME OF DECEASED a. (First) <u>EMMA</u> b. (Middle) <u>B</u> c. (Last) <u>JAMES</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>12 20 50</u>		5. SEX <u>F.</u> 6. COLOR OR RACE <u>WHITE</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>10-26-1881</u>		9. AGE (In years last birthday) <u>69</u> if UNDER 1 YEAR Months <u>1</u> Days <u>24</u> if UNDER 1 Mth. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	
11. BIRTHPLACE (State or foreign country) <u>Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>ROY JAMES HAHN, MO.</u>		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'S SIGNATURE OR NAME <u>COUNTY WELFARE</u> ADDRESS <u>LOTESVILLE, MO.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Hypertension</u> DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>year</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov 10</u> , 19 <u>50</u> , to <u>Dec 20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 12</u> , 19 <u>50</u> , and that death occurred at <u>5:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Evellette L. Price, D.O.</u>		23b. ADDRESS <u>Lotessville, Missouri</u>	
23c. DATE SIGNED <u>Dec 28 1950</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>12-20-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BOLLINGER COUNTY PARK</u>	
24d. LOCATION (City, town, or county) (State) <u>LOTESVILLE, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cozy Shelby, Keokukville, Mo.</u> ADDRESS <u></u>	
DATE REC'D BY LOCAL REG. <u>Dec 29 1950</u>		REGISTRAR'S SIGNATURE <u>Willie Mae Queburgh</u>	

RECEIVED

JAN 3 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

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.....

*Body was not Embalmed*

Student Embalmer No. ....

working under my personal supervision.

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.