4C

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUL 25 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21915
Do not use this space.

1. PLACE OF DEATH
(a) County: Grundy
(b) Township:
(c) City: Trenton
Registration District No.: 328
Primary Registration District No.: 3917
Registered No.:
(d) Street No.: Mullers Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 1/2 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: CLARA-HASTINGS 235
(a) Residence, No. 2423-Mable St Trenton Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow
5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Gus Hastings
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 8th 1866
7. AGE: Years 71 Months 7 Days 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House-wife
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warren Co Iowa

FATHER
13. NAME: Samuel Stackburn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Betsy Ann Dickemore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): L. L. Hastings
18. BURIAL, ~~CREMATION~~, OR REMOVAL
PLACE: Shenandoah Iowa DATE: May 11-1938
19. FUNERAL DIRECTOR (ADDRESS): Byron L. Davis #3216 Trenton, Missouri
20. FILED: May 10, 1938 Steve D. Fair Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 10th 1938
22. I HEREBY CERTIFY, That I attended deceased from April 28, 1938, to May 10th, 1938
I last saw him alive on May 10, 1938. Death is said to have occurred on the date stated above, at 7 10 p.m.
The principal cause of death and related causes of importance were as follows:

Carbuncle on face (chin) — Date of onset 5-22-38

Other contributory causes of importance:
Diabetes Mellitus of several years duration

Name of operation: incision Date of: 5-3-38
What test confirmed diagnosis? Clinical only Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C H Cullers, M. D.
300 (Address) Trenton Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Ben C. Davis, Licensed Embalmer No. 3216

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Ben C. Davis

L. E.

No. 3216 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Ben C. Davis

Licensed Embalmer No. 3216

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)