

REC'D JUN 8 1939

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

18339
Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 1855
(b) Township Linn Primary Registration District No. 5231
(c) City Stockton (d) Street No. _____ 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Dwight Liman Hastin

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Hastin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
32 7 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
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) Arcola, Mo. (STATE OR COUNTRY)

13. NAME John Hastin

14. BIRTHPLACE (CITY OR TOWN) Cedar County, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Ora Jones

16. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)

17. INFORMANT Helen Hastin Helen Hastin (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE City DATE May 19, 1939

19. FUNERAL DIRECTOR (NAME) W. C. DAVIS & CO. (ADDRESS) Stockton, Mo.

20. FILED May 27, 1939 Mrs. Mianie Cashlow (Address) Stockton Mo
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from no attention, 1939, to _____, 1939

I last saw him in _____ on May 17, 1939. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Congestive Heart Failure
930

Other contributory causes of importance: Chronic Myo-carditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1939

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? _____
If so, specify _____
(Signed) Triston Sterrett, M. D.

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.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Melvin Church*

Licensed Embalmer No. *3272*

P. O. Address *Stockton, Ca*

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, above space should be left blank.