

No. 2  
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-17-30  
X3597

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

See also 36024-43  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32790

FILED OCT 8 1943 360

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 10220

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada  
(c) Name of hospital or institution: State Hosp. No. 3  
(d) Length of stay: 1 yr. 7 mo 21 days  
In this community Same time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton  
(c) City or town Neosho  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Rucie Montana Hastings

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 29 1870

8. AGE: Years 73 Months 6 Days 3

9. Birthplace Missouri

10. Usual occupation School Teaching

11. Industry or business \_\_\_\_\_

12. Name of father Thomas B. Hastings

13. Birthplace of father Indiana

14. Maiden name of mother Hanna Gane

15. Birthplace of mother Indiana

16. (a) Informant Hospital Records

17. (a) Address Nevada Mo.

17. (b) Date thereof 10-2-1943

18. (a) Signature of funeral director Looney Thompson

18. (b) Address Neosho Missouri

20. DATE OF DEATH: Month October day second year 1943 hour 11:5 minute A. M.

21. I hereby certify that I attended the deceased from 2-1-1943 to 10-2-1943

that I last saw her alive on Oct 2 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia agitated type.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 162a

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature R. B. Rester (M. D. or other) \_\_\_\_\_

Address Nevada Mo Date signed 10-2-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1331

(Licensed Embalmer's Statement on Reverse Side)

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Carey Thompson* .....

Licensed Embalmer No. *3259* .....

P. O. Address..... *Neosho 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 this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32790  
Registrar's No. 153

Registration District No. 360 Primary Registration District No. 800076225

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Vernon  
(b) City or town Nevada  
(c) Name of hospital or institution: State Hospital # 3  
(d) Length of stay: In hospital or institution up 2 Mo. 2 day  
In this community same time

2. USUAL RESIDENCE OF DECEASED:  
(a) State mo. (b) County Newton  
(c) City or town Neesho  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_

3. (a) PRINT FULL NAME Lucile Montene Hastings  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced s  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Mar 29 1885

8. AGE: Years 73 Months 6 Days \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace mo.

10. Usual occupation mo.  
11. Industry or business School Teaching  
12. Name Thomas B. Hastings  
13. Birthplace Indiana  
14. Maiden name Hanna Evans  
15. Birthplace Indiana

16. (a) Informant Hospital Records  
(b) Address Nevada, Mo.  
17. (a) Removal (b) Date thereof 10-2-43  
(c) Place: burial or cremation Neesho 2007 Cemetery  
18. (a) Signature of funeral director Cory Thompson  
(b) Address Neesho, Mo.  
19. (a) 11-1-43 (b) Hazel B. Bewick

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month \_\_\_\_\_ day \_\_\_\_\_ year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I examined the deceased from \_\_\_\_\_ 19\_\_\_\_; that I last saw him \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death Senile Dementia agitated type

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature R. B. Lester (M. D. or other) mo.  
Address Nevada, Mo. Date signed 10/2/43

SUPPLEMENTARY

