DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 19 1949

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

380

State File No.

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 12

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lucy Lee Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler

(c) City or town Harviell (If outside city or town limits, write "RURAL")

(d) Street No. — (If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Daisy Lee Hastings

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James E. Hastings

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased May (Month) 4 (Day) 1881 (Year)

8. AGE: Years 68 Months Days If less than one day hr. min.

9. Birthplace Humboldt (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Bill Adkins
13. Birthplace (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Sarah Hollis
15. Birthplace (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Lois Marrow

(b) Address Harviell, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-49 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Dunning Cem. - Harviell

18. (a) Signature of funeral director Lloyd Russell

(b) Address Piggott Ark

19. (a) 1-11-49 (Date received local registrar) (b) R. Ammeter (Registrar's signature) 35

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 4 year 49 hour 12 minute 44 A.M.

21. I hereby certify that I attended the deceased from Aug 15-1948 19 to Jan 4 1948 that I last saw her alive on Jan 3 1949 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Hemorrhage Not tubercular	3 weeks
Due to: Carcinomatous	1 yr
Due to: Carcinoma liver	1/2 yr
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature B. L. Brickert (M. D. or other)

Address Poplar Bluff Mo Date signed 1/7/49

(Licensed Embalmer's Statement on Reverse Side)

MAR 8 1949

RECEIVED
District Health Office No
District File Number 149
Date Filed 1-17-4

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 me

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

working under my personal supervision.

Signed Floyd Runnels

Licensed Embalmer No. 509 Ark

P. O. Address Dyess, Ark.

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

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