

FILED MAR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8021

State File No.

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5746 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cooper</u>	c. LENGTH OF STAY (in this place) <u>8 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>5 W of Stoughton</u> <u>4 MILES</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION James Warren		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr James Warren</u> b. (Middle) _____ c. (Last) <u>Hastings</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 4 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct-22-1885</u>	9. AGE (in years last birthday) <u>63</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Grain farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Stoughton MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>James Hastings</u>	13b. MOTHER'S MAIDEN NAME <u>Fannie Nelson</u>	14. NAME OF WIFE <u>Bessie Hastings</u>
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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>Miss Bessie Hastings</u>	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Labor Penuria</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1, 1947, to Mar 4, 1949, that I last saw the deceased alive on Mar 4, 1949, and that death occurred at 1322 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. N. Williamson</u>	23b. ADDRESS <u>Henry MO</u>	23c. DATE SIGNED <u>3-5-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 7-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Stoughton MO</u>
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DATE REC'D BY LOCAL REG. <u>March 10-49</u>	REGISTRAR'S SIGNATURE <u>Harmon R. Robertson</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Laboratory Phillips</u>	ADDRESS <u>Stoughton MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Dr. Williamson

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 _____

~~Student Embalmer No.~~

~~working under my personal supervision~~

Student
Student Embalmer

Signed

John H. Phillips

Licensed Embalmer No. 1898

P. O. Address Storbury Md

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.