

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36281**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 1378

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, write RURAL and give town or township) Washington Twp (Rural)
c. LENGTH OF STAY (In this place) 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt #3, St. Joseph Buchanan County Infirmary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Buchanan
c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph, rural Washington Twp
d. STREET ADDRESS (If rural, give location) R. F. D. #3

3. NAME OF DECEASED
(Type or Print)
a. (First) Guy b. (Middle) --- c. (Last) Hasty

4. DATE OF DEATH (Month) (Day) (Year)
12 2 1950

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH June 5, 1871

9. AGE (In years last birthday) 79
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Plumber

10b. KIND OF BUSINESS OR INDUSTRY Self employed

11. BIRTHPLACE (State or foreign country) Richland, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. May Wise - East Orange, N. J. 72 South Harrison St.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Insufficiency
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ##
DUE TO (c) ##
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND DEATH

410X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION ##

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from July 1st 19 50, to Dec 2nd, 19 50, that I last saw the deceased alive on Dec 1st, 19 50, and that death occurred at 3 P. m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) E. W. Tadlock M. D.

23b. ADDRESS KING HILL BLDG, ST JOSEPH, MO, 12/4, 50

23c. DATE SIGNED 12/4, 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Dec 6, 1950

24c. NAME OF CEMETERY OR CREMATORY King City Cemetery

24d. LOCATION (City, town, or county) (State) King City, Missouri

DATE REC'D BY LOCAL REG. Dec 7, 1950

REGISTRAR'S SIGNATURE Carl C. Callip

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stamey Funeral Home St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

JUL 26 1961

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.

Signed Charles M. Harman

Signed.....
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.