

FILED DEC 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41567**

BIRTH NO.		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>1301</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF (in this place) <u>47</u> years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ambulance</u>		d. STREET ADDRESS (If rural, give location) <u>2631 So. 10th St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u>		b. (Middle) <u>N.</u>	c. (Last) <u>HASTINGS</u>	4. DATE OF DEATH (Month) <u>12</u> (Day) <u>9</u> (Year) <u>1952</u>
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>2-20-1893</u>	9. AGE (In years less birthday) <u>59</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Quaker Oats Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Maysville, Missouri</u>	
13a. FATHER'S NAME <u>Wallace Hastings</u>		13b. MOTHER'S MAIDEN NAME <u>Anna May Debo</u>	14. NAME OF HUSBAND OR WIFE <u>Orpha Hastings</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-09-9747</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Orpha Hastings, 2631 So. 10th St.</u>	
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) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>6/10</u> <u>1952</u> , to <u>7/19</u> <u>1952</u> , that I last saw the deceased alive on <u>July 19</u> , <u>1952</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Dr. Raymond L. Bennett D.O.</u>		23b. ADDRESS <u>209-210 Northpark Bldg.</u>		23c. DATE SIGNED <u>12/7/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-11-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
DATE REC'D BY LOCAL REG <u>Dec 16, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casey</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

