

5. No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5981

State File No. ....

FILED MAR 7 - 1953

818

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>-</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1240 FREMONT</u>				e. STREET ADDRESS (If rural, give location) <u>1240 FREMONT 3218</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sheldon</u>		b. (Middle) <u>DAVID</u>		c. (Last) <u>Hastings</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 7 1953</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>AUG. 25, 1887</u>	
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LAUNDRY OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LAUNDRY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LAPOR, Michigan</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>VARIAN M. HASTINGS</u>		13b. MOTHER'S MAIDEN NAME <u>LENA A. THOMAS</u>		14. NAME OF HUSBAND OR WIFE <u>KATHERINE HASTINGS</u>	
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>497-26-2588</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Katherine Hastings Kan. City, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arricular fibrillation</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Neutral stenosis</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>82000</u>  <u>10 yrs</u>  <u>410X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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>7/14, 1951</u> to <u>2/7, 1953</u> that I last saw the deceased alive on <u>1/10, 1953</u> and that death occurred at <u>7 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James D. Smith</u> (Degree or Title) <u>M.D.</u>				23b. ADDRESS <u>318 Prof. Blake Bldg. No. 7/7/53</u>		23c. DATE SIGNED	
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>Feb. 9, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MOUND GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>Independence, Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-7-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Poland E. Speaks Indep</u>			

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

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.....  
Signature of Student Embalmer

Signed *Poland R. Fenker*

Licensed Embalmer No. *3604*

P. O. Address *Indep. St.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.