

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9432**  
Registrar's No. **281**

FILED **MAR 23 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

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

1. PLACE OF DEATH a. COUNTY <b>CRENSHAW</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>WRIGHT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Mountain Grove, Mo.</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>1141</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>St. John's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Beulah</b> b. (Middle) <b>Mae</b> c. (Last) <b>Hastings</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 17 1953</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>DEC. 4 1925</b>		9. AGE (In years last birthday) <b>27</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13. KIND OF BUSINESS OR INDUSTRY <b>HOUSE</b>	

13a. FATHER'S NAME <b>Louis Hicks</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Tolley</b>		14. NAME OF HUSBAND OR WIFE <b>William Hastings</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>William Hastings</b> ADDRESS <b>MTN GROVE MO</b>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Rheumatic Heart Disease with cardiac insufficiency.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>	
		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.					

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 **August, 1953**, to **3/17, 1953**, that I last saw the deceased alive on **3/16, 1953**, and that death occurred at **3:33 A.M.**, from the causes and on the date stated above.

23. SIGNATURE <b>Glen O. Turner, M.D.</b> (Degree or title)		23b. ADDRESS <b>Springfield, Mo.</b>		23c. DATE SIGNED <b>3/17/53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-18-1953</b>		24c. NAME OF CEMETERY OR CREMATOR <b>Boyles Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Wright County, MO</b>	

DATE REC'D BY LOCAL REG. <b>3-19-53</b>		REGISTRAR'S SIGNATURE <b>Wm. Williamson Registrar</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gene E. Halchen</b> ADDRESS <b>Hartsville, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Glen S. Williams

Signed.....  
Student Embalmer

Licensed Embalmer No. 4651

P. O. Address Hartsville, 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.