

FILED AUG 19 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28648

3821

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3821</u>			
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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>6 yrs.</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>3951 Warwick</u>				e. STREET ADDRESS (If rural, give location) <u>3951 Warwick</u> <u>3678</u>					
3. NAME OF DECEASED (Type or Print) <u>EDWIN</u>		a. (First) <u>COURTENAY</u>		b. (Middle) <u>HASTINGS</u>		c. (Last)			
4. DATE OF DEATH <u>August 1, 1953</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Jan. 1, 1873</u>		9. AGE (in years last birthday) <u>80</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cargo Agent-Boyd, Weir,</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sewell Steamship Co.</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Stewart Hastings</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Courtenay</u>			
14. NAME OF HUSBAND OR WIFE <u>---</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>067-09-6794</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harry Lee Hastings</u> ADDRESS <u>3951 Warwick, K.C.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, assthenia, etc. It means; the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES <u>Hypertension - Arteriosclerosis</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary Vasculer Disease</u> DUE TO (c) <u>with Previous Rthemicplegia.</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>15 yrs</u> <u>443X</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>Aug 6</u> , 19 <u>47</u> , to <u>Aug 1</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7-30</u> , 19 <u>53</u> , and that death occurred at <u>6:00 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Frank B. Leitz</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1530 1/2 Blk Kans City 6 Mo</u>		23c. DATE SIGNED <u>8-1-53</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug. 3, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Muncie</u>					
24d. LOCATION (City, town, or county) (State) <u>Leavenworth, Kansas</u>		DATE REC'D BY LOCAL REG. <u>8-2-53</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>					
25. FUNERAL DIRECTOR'S SIGNATURE <u>ETINE &amp; McCLURE UND. CO.</u> ADDRESS <u>K.C.MO.</u>									

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Frank<sup>b.</sup> Lutz  
1530 Prof. Bldg.  
Ha. 1331  
Inquest 12:00

FEB 7 1959

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 *Eugene Tennant*  
Licensed Embalmer No. *463*  
P. O. Address *J.C. Tennant*

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.