

## STANDARD CERTIFICATE OF DEATH

State File No. **42404**

FILED DEC 21 1953

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>350</u>	
1. PLACE OF DEATH a. COUNTY <b>COLE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON CITY</b>		c. LENGTH OF STAY (In this place) <b>7 yrs 12 days</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MISSOURI STATE PENITENTIARY</b>				e. STREET ADDRESS (If rural, give location) <b>UNKNOWN 3008 / 1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ERNEST</b>		b. (Middle) <b>E.</b>		c. (Last) <b>HASTY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>DECEMBER 14 1953</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>9 UNKNOWN</b>		8. DATE OF BIRTH <b>MARCH 27, 1928</b>	
9. AGE (In years last birthday) <b>25</b>		IF UNDER 1 YEAR Months <b>8</b>		IF UNDER 1 YEAR Hours <b>57</b>		IF UNDER 1 YEAR Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ELEVATOR OPERATOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>9 UNKNOWN</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>UNKNOWN</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>			14. NAME OF HUSBAND OR WIFE <b>UNKNOWN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNKNOWN</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MISSOURI STATE PENITENTIARY RECORDS</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>Strangulation by Hanging</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 _____				INTERVAL BETWEEN ONSET AND DEATH  <b>6974X</b>  20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION _____		21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>State Penitentiary Jefferson City, Mo</b>		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <b>Jefferson City, Cole, Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>Dec 14-1953 11:45 P.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Hung self as barbed wire cell</b>			
22. I hereby certify that I attended the deceased from <b>Dec 14, 1953</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>11:45 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. Bruce W.D.</b> (Degree or title) <input type="checkbox"/>				23b. ADDRESS <b>334 Madison, Jefferson City, Mo</b>		23c. DATE SIGNED <b>12-15-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12/17/1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Dec 17-1953</b>		REGISTRAR'S SIGNATURE <b>R. P. Davis M.D. M.R.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. H. Blackman &amp; Son</b>		ADDRESS <b>K. C. Mo.</b>	
(Licensed Embalmer's State of Missouri) <b>Jefferson City</b>							

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 *Gideon N. House*

Licensed Embalmer No. *457*

P. O. Address *Jefferson City*

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.