

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **8192**

BIRTH NO. **FILED MAR 22 1954** REG. DIST. NO. **108** PRIMARY REG. DIST. NO. **4179** Registrar's No. **11**

|  |  |   |                          |
|--|--|---|--------------------------|
| <b>1. PLACE OF DEATH</b>   |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) |                          |
| a. COUNTY <b>DUNKLIN</b>   | b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SENATH</b> | a. STATE <b>MISSOURI</b>  | b. COUNTY <b>DUNKLIN</b> |
| c. LENGTH OF STAY (in this place) <b>10 YEARS</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SENATH</b>    |                          |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION |  | d. STREET ADDRESS (If rural, give location)   |                          |

|   |                           |                        |                           |                         |                      |                |                    |
|---|---------------------------|------------------------|---------------------------|-------------------------|----------------------|----------------|--------------------|
| <b>3. NAME OF DECEASED</b><br>(Type or Print) | a. (First) <b>OPHELIA</b> | b. (Middle) <b>ANN</b> | c. (Last) <b>HASTINGS</b> | <b>4. DATE OF DEATH</b> | (Month) <b>MARCH</b> | (Day) <b>4</b> | (Year) <b>1954</b> |
|---|---------------------------|------------------------|---------------------------|-------------------------|----------------------|----------------|--------------------|

|                             |                                      |  |   |  |                                  |                                |                                  |                                  |
|-----------------------------|--------------------------------------|--|---|--|----------------------------------|--------------------------------|----------------------------------|----------------------------------|
| <b>5. SEX</b> <b>FEMALE</b> | <b>6. COLOR OR RACE</b> <b>WHITE</b> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>WIDOWED</b> | <b>8. DATE OF BIRTH</b> <b>MAY 20, 1879</b> | <b>9. AGE</b> (in years last birthday) <b>74</b> | <b>IF UNDER 1 YEAR</b><br>Months | <b>IF UNDER 1 YEAR</b><br>Days | <b>IF UNDER 24 HRS.</b><br>Hours | <b>IF UNDER 24 HRS.</b><br>Mins. |
|-----------------------------|--------------------------------------|--|---|--|----------------------------------|--------------------------------|----------------------------------|----------------------------------|

|   |  |  |   |
|---|--|--|---|
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>RETIRED HOUSEWIFE</b> | <b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>HOME</b> | <b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>HARDIN CO., TENNESSEE</b> | <b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b> |
|---|--|--|---|

|   |   |  |
|---|---|--|
| <b>13a. FATHER'S NAME</b> <b>NEIL WHITE</b> | <b>13b. MOTHER'S MAIDEN NAME</b> <b>MARY JANE LITTLEFIELD</b> | <b>14. NAME OF HUSBAND OR WIFE</b> <b>W. A. HASTINGS</b> |
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|   |  |  |                                   |
|---|--|--|-----------------------------------|
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b> | <b>16. SOCIAL SECURITY NO.</b> <b>NONE</b> | <b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mabel Hastings</b> | <b>ADDRESS</b> <b>Senath, Mo.</b> |
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|--|--|--|---|
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | <b>MEDICAL CERTIFICATION</b>   |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><b>6 yrs</b> |
|  | <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary arteriosclerotic heart disease</b>   |  |   |
|  | <b>ANTECEDENT CAUSES</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><b>DU TO (b) arteriosclerosis, generalized</b> |  |   |
|  | <b>DU TO (c)</b>   |  | <b>10 yrs</b>   |
|  | <b>11. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death.                                     |  |   |

|                               |   |  |
|-------------------------------|---|--|
| <b>19a. DATE OF OPERATION</b> | <b>19b. MAJOR FINDINGS OF OPERATION</b> | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-------------------------------|---|--|

|   |   |  |
|---|---|--|
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b><br><b>Senath, Mo.</b> |
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|   |  |                                   |
|---|--|-----------------------------------|
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (M.) | <b>21e. INJURY OCCURRED</b><br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b> |
|---|--|-----------------------------------|

**22. I hereby certify that I attended the deceased from Aug 18, 1950, to Mar 4, 1954, that I last saw the deceased alive on Mar 4, 1954, and that death occurred at 9:30 P.M., from the causes and on the date stated above.**

|   |  |  |
|---|--|--|
| <b>23a. SIGNATURE</b> (Degree or title) <b>Sherry Nichols, M.D.</b> | <b>23b. ADDRESS</b> <b>Senath, Mo.</b> | <b>23c. DATE SIGNED</b> <b>Mar 6, 54</b> |
|---|--|--|

|  |                                       |  |  |
|--|---------------------------------------|--|--|
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b> | <b>24b. DATE</b> <b>MARCH 7, 1954</b> | <b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>SENATH CEMETERY</b> | <b>24d. LOCATION</b> (City, town, or county) (State) <b>SENATH, MISSOURI</b> |
|--|---------------------------------------|--|--|

|  |   |  |                                       |
|--|---|--|---------------------------------------|
| <b>DATE REC'D BY LOCAL REG.</b> <b>3-15-54</b> | <b>REGISTRAR'S SIGNATURE</b> <b>Thos J. Lauer</b> | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>EMERSON-SON</b> | <b>ADDRESS</b> <b>Jonesboro, Ark.</b> |
|--|---|--|---------------------------------------|

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

No. 300  
10-48  
350  
1

RECEIVED DUNKLIN COUNTY HE

DEPARTMENT 3-19-5

COUNTY FILE NUMBER 354-

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

Student Embalmer

Signed

*James V. Emerson*

Licensed Embalmer No. 895

P. O. Address *Jamesburg, Ark.*

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.