

No. 300
10. 48

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16657
State File No.

BIRTH NO. REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5779 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY MILLER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILLER - FRANKLIN		c. CITY OR TOWN RURAL - Franklin	
c. LENGTH OF STAY (in this place) 28 YRS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Omni-S-E-ELDON		e. STREET ADDRESS (If rural, give location) Omni-S-E-ELDON 0666	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) - HAMILTON- c. (Last) HASTY			4. DATE OF DEATH (Month) (Day) (Year) MAY-5-1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	8. DATE OF BIRTH 15 July 1882	9. AGE (In years) (last birthday) 71	10. UNDER 1 YEAR Months 7 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen-Farming		11. BIRTHPLACE (City and State or Foreign Country) MORGAN-Co-Mo	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME William-Hasty		13b. MOTHER'S MAIDEN NAME Sarah-Sidebottom		14. NAME OF HUSBAND OR WIFE Cliffie-HASTY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Cliffie-HASTY-	
				ADDRESS ELDON-Mo	

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) Cerebral haemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis & Hypertension.		
	DUE TO (c) Hypertensive heart disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	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.) NONE	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? NONE

22. I hereby certify that I attended the deceased from 1950, to May 5, 1954, that I last saw the deceased alive on Jan 19, 1954, and that death occurred at about 11A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. O. Shelton M.D.	23b. ADDRESS ELDON - Mo	23c. DATE SIGNED 6 MAY 54
--	--------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7 MAY 1954	24c. NAME OF CEMETERY OR CREMATORY Liberty-	24d. LOCATION (City, town, or county) (State) BELL Mo
DATE REC'D BY LOCAL REG. May 6, 54	REGISTRAR'S SIGNATURE Adrianna Walt	25. FUNERAL DIRECTOR'S SIGNATURE Keith McKays	ADDRESS ELDON Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 21 1954

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 *Keith M. Kays*

Licensed Embalmer No. *399*

P. O. Address *Eldon*

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.