

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33076**

FILED NOV 1 - 1954

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1114**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place township) 50 years		f. STREET ADDRESS (If rural, give location) 1919 Walnut St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1919 Walnut St.			

3. NAME OF DECEASED (Type or Print) a. (First) Otto b. (Middle) G. c. (Last) Hasting			4. DATE OF DEATH (Month) (Day) (Year) October 22, 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH October 24, 1886	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) employee		10b. KIND OF BUSINESS OR INDUSTRY Walker Mfg. Co.	11. BIRTHPLACE (City and State or Foreign Country) Maysville, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Wallace Hasting	13b. MOTHER'S MAIDEN NAME Mae Debot	14. NAME OF HUSBAND OR WIFE Fannie
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 487-09-3218	17. INFORMANT'S SIGNATURE OR NAME Mrs. Fannie Hasting ADDRESS 1919 Walnut, St. Joseph, Mo.
--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMATOSIS, GENERALIZED</u>		INTERVAL BETWEEN ONSET AND DEATH 3 MONTHS
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ORIGINAL SITE UNKNOWN DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE		
		5 YEARS

19a. DATE OF OPERATION	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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **SEPT 1, 1954**, to **OCT. 22, 1954**, that I last saw the deceased alive on **OCT. 18, 1954**, and that death occurred at **1:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Allen Spelman M.D.	23b. ADDRESS 706 FRANCIS ST. ST. JOSEPH, MO.	23c. DATE SIGNED 10-23-54
--	---	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10/25/1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. Oct 27, 1954	REGISTRAR'S SIGNATURE Kathleen M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Newton Bowman ADDRESS St. Joseph, Mo.
--	--	--

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..... Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St

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.