

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **677**
Registrar's No. **55-4**

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **5340**

1. PLACE OF DEATH a. COUNTY Dade 0290,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Smith twp.		c. LENGTH OF STAY (In this place) 8 years	c. CITY OR TOWN Rural Smith twp.
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 1/2 mi. W. Pennsboro		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0290	
STREET ADDRESS		(If rural, give location) 3 1/2 mi. W. of Pennsboro	

3. NAME OF DECEASED (Type or Print)	a. (First) Oris	b. (Middle) Ortin	c. (Last) Hastin	4. DATE OF DEATH (Month) (Day) (Year) Jan. 22, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 31, 1901	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Dade Co.; Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME John Hastin	13b. MOTHER'S MAIDEN NAME Ora Jones	14. NAME OF HUSBAND OR WIFE Pearl Hastin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. 546-12-2398	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Pearl Hastin; So. Greenfield, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion		
	ANTECEDENT CAUSES Morbidity 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Jan 22, 1955**, to **Jan 22, 1955**, that I last saw the deceased alive on **Jan 22, 1955**, and that death occurred at **9:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Max Heilbrunn M.D.	23b. ADDRESS Lockwood, Mo.	23c. DATE SIGNED 1-24-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-26-1955	24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove	24d. LOCATION (City, town, or county) (State) Dade Co., Missouri
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DATE REC'D BY LOCAL REG. 1-24-55	REGISTRAR'S SIGNATURE J. C. Canada	FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. C. Canada, Greenfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 *J. C. Canada*.....

Licensed Embalmer No. *419*.....

P. O. Address *Trenton, N.J.*.....

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.