

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35861
STATE FILE NUMBER

4864
REGISTRAR'S NO.

FILED NOV 5 1957

Registration District No. 149 Primary Registration District No. 1002

Health, Welfare, Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

C. W. Mount

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3238 Anderson		Length of stay in lb. 30 yrs.	d. STREET ADDRESS (If outside, give location) 3238 Anderson Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Clarence Middle A. Last Hastings			4. DATE OF DEATH Month Oct. Day 20, Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 12, 1889
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 68 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook - Lake City		10b. KIND OF BUSINESS OR INDUSTRY Sidney Cafe	11. BIRTHPLACE (City and state or country) Everton, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Solomon B. Hastings	
14. MOTHER'S MAIDEN NAME Mary Ann Daigh		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. 495-03-9817		17. INFORMANT Mary R. Hastings Address 3238 Anderson	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic myocarditis DUE TO (c) Hypertension			INTERVAL BETWEEN ONSET AND DEATH 1-2A/1YR. 3-5yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour 10:40 a. m. 10:40 p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 4201	
20g. COUNTY		20h. STATE	
21. I attended the deceased from July 1954 to Oct. 1957 and last saw her alive on 10-20-1957 Death occurred 10:40 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. W. Mount D.O.		22b. ADDRESS 5811 Truman Rd.	22c. DATE SIGNED 10/21/1957
23a. BURIAL, CREMATION REMOVAL (Specify) Removal		23b. DATE 10/23/57	23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery
23d. LOCATION (City, town, or county) Jasper, Missouri		23e. (Sign)	
24. FUNERAL DIRECTOR Earp & Sons 4139 Truman Rd.		25. DATE RECD. BY LOCAL REG. 10-21-57	26. REGISTRAR'S SIGNATURE Newa Minshall

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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 *James W. Cap*.....
Licensed Embalmer No. *462*

P. O. Address *N.C. Ho*.....

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.