

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45436

STATE FILE NUMBER

FILED JAN 3 1958

Registration District No. 205

Primary Registration District No. 6039

Registrar's No. 2448

1. PLACE OF DEATH a. COUNTY <u>RIPLEY.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI.</u> b. COUNTY <u>RIPLEY.</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JOHNSON TOWNSHIP.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>FAIRDEALING, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>16 Mi. N.E. of DONIPHAN, Mo.</u>		Length of stay in 1b <u>6 MONTHS.</u>	d. STREET ADDRESS (If outside, give location) <u>16 Mi. N.E. of DONIPHAN, Mo.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>RUSSELL LEONARD HASTINGS.</u>			4. DATE OF DEATH Month Day Year <u>Nov. 23, 1957</u>		
5. SEX <u>♂</u>	6. COLOR OR RACE <u>WHITE.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>APR. 12, 1891</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>66 - 7 - 5 - - - -</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HANDYMAN POULTRY FARM. (POULTRY INDUSTRY)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>(POULTRY INDUSTRY)</u>		11. BIRTHPLACE (City and state or country) <u>KANSAS.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>UNKNOWN.</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN.</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES. WORLD WAR I</u>		16. SOCIAL SECURITY NO. <u>487-20-8621</u>		17. INFORMANT (INFORMATION FROM PERSONAL PAPERS). <u>Ray Meemar, Doniphan, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACCIDENTAL ABSORPTION OF CARBON MON. OXIDE GAS.</u> DUE TO (b) <u>UNVENTED GAS HEATER BURNING IN SMALL TIGHT ROOM.</u> DUE TO (c) <u>CRIMSON COLOR OF BLOOD INDICATED CO.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH: but not related to the terminal disease condition given in PART I (a) <u>(DOG ALSO DEAD IN FRONT OF HEATER).</u>					INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN.</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>HEATER HAD GONE OUT, BUT WAS STILL TURNED ON WHEN BODY WAS FOUND. FUMES FROM EMPTY PROPANE TANK VERY STRONG IN SMALL HOUSE.</u>		20c. TIME OF INJURY .Hour Month, Day, Year a.m. ESTIMATED p.m. <u>Nov. 23, 1957</u>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>IN THE HOME.</u>		20f. CITY, TOWN, OR LOCATION COUNTY <u>091</u> STATE <u>16 Mi. N.E. of DONIPHAN, RIPLEY, Mo.</u>	
21. I attended the deceased from _____, to _____ and last saw ^{her} him alive on _____ Death occurred at <u>UNKNOWN</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Ray Meemar, Coroner.</u>			22b. ADDRESS <u>Doniphan, Missouri.</u>		22c. DATE SIGNED <u>11/28/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL.</u>		23b. DATE <u>Nov. 29, 1957.</u>	23c. NAME OF CEMETERY OR CREMATORY <u>DONIPHAN CITY CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>DONIPHAN, MISSOURI.</u>
24. FUNERAL DIRECTOR <u>Ray Meemar, Doniphan, Mo.</u>		ADDRESS <u>Doniphan, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-25-57</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Ray Meador*

Licensed Embalmer No. *3743*

P. O. Address *Donipham, Mo.*

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.