

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

# UN 20511 78-021560  
STATE FILE NUMBER  
2000 Registrar's No. 681

FILED JUL 14 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 681

300

1-57

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Mt. Vernon</b> 0550	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Johns Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>Mt. Vernon</b>	
Length of stay in 1b <b>15 Min.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>GEORGE A. HASTY</b>			4. DATE OF DEATH Month <b>July</b> Day <b>2</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>24 Sept. 1884</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>Kansas</b>
13a. FATHER'S NAME <b>Mark Hasty</b>		13b. MOTHER'S MAIDEN NAME <b>Loretta Daily</b>	14. NAME OF HUSBAND OR WIFE <b>Lucy Hasty</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown Unknown</b>		16. SOCIAL SECURITY NO. <b>496-07-9690A</b>	17. INFORMANT Address <b>Hospital Records</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>INFARCTION OF MYOCARDIUM</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>CORONARY THROMBOSIS</b> DUE TO (c) <b>ARTEROSCLEROTIC HEART DISEASE</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4200</b>			
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 _____ a.m. _____ p.m. Month, Day, Year _____			
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	COUNTY STATE
21. I attended the deceased from <b>7-2-58</b> to <b>7-2-58</b> and last saw <sup>him</sup> alive on <b>7/2/58</b> Death occurred at <b>11:40</b> A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John D. T. [Signature]</i> M.D.		22b. ADDRESS <b>609 Cherry Springfield, Missouri</b>	22c. DATE SIGNED <b>7-3-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-4-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Summitt Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Lawrence County, Missouri</b>
24. FUNERAL DIRECTOR <b>MAX FOSSETT</b> ADDRESS <b>Mt. Vernon, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-7-58</b>	26. REGISTRAR'S SIGNATURE <i>Effie G. Melton</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be traced.

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 *Glen D. Williams*

- Licensed Embalmer No. *4651*.....

P. O. Address *Springfield*

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.