Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021771
STATE FILE NUMBER

FILED JUN 18 1958 Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Iron	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Reynolds
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton — Inside Limits Yes # No ☐	c. CITY OR TOWN Centerville — Inside Limits Yes # No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.Mary's Hosp. — Length of stay in 1b 5 hrs.	d. STREET ADDRESS (If outside, give location) 0900 — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print)	First BENJAMIN	Middle LeROY	Last HASTY	4. DATE OF DEATH Month May Day 24 Year 1958
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED # NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Nov. 27 1908	9. AGE (In years last birthday) 49 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) oil	10b. KIND OF BUSINESS OR INDUSTRY wholesale & retail	11. BIRTHPLACE (City and state or country) Eminence Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Louris Hasty	13b. MOTHER'S MAIDEN NAME Laura Ferguson	14. NAME OF HUSBAND OR WIFE Emma Rains Hasty		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 492-03-2842	17. INFORMANT Paul Hasty, Address Centerville Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH Hours.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) Possible cerebral aneurysm — years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 330X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 5-24-58, to _____ and last saw ~~her~~ him alive on 5-24-58

Death occurred at 5:05 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Marvin C. Menne, MD 0	22b. ADDRESS 109 N. Main, Ironton, Missouri	22c. DATE SIGNED 5/26/58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5-27-58	23c. NAME OF CEMETERY OR CREMATORY Centerville Cemetery
23d. LOCATION (City, town, or county) (State) Centerville Mo.		
24. FUNERAL DIRECTOR Ancel J. White ADDRESS White Funeral Home, Ironton Mo.	25. DATE RECD. BY LOCAL REG. 6-2-58	26. REGISTRAR'S SIGNATURE Mrs Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUN 20 1958

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 Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Ironton 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.