

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029913  
STATE FILE NUMBER

FILED SEP 9 1958

Registration District No. 228 Primary Registration District No. 3054 Registrar's No. 130

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1-57  
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|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>PIKE</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO.</u> b. COUNTY <u>PIKE</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>LOUISIANA</u>                |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <u>LOUISIANA</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>PIKE CO. HOSPITAL</u> |  | Length of stay in 1b<br><u>49 YEARS</u>  | d. STREET ADDRESS (If outside, give location)<br><u>423 NORTH 6<sup>th</sup></u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|----------------------------------|---|--|--|---|
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>MARY ALICE HASTINGS</u> |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>Aug. 31, 1958</u> |  |   |
| 5. SEX<br><u>FEMALE</u>  | 6. COLOR OR RACE<br><u>WHITE</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>NOV. 4, 1881</u>                    | 9. AGE (In years last birthday)<br><u>76</u> | IF UNDER 1 YEAR<br>Months Days Hours Min. |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>HOUSEWIFE</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>HOUSEKEEPING</u> | 11. BIRTHPLACE (City and state or country)<br><u>PIKE Co., ILL.</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u> |
| 13a. FATHER'S NAME<br><u>ASA BAKER</u>  | 13b. MOTHER'S MAIDEN NAME<br><u>ELIZABETH HOSKINS</u>    | 14. NAME OF HUSBAND OR WIFE<br><u>CHARLES HASTINGS</u>              |   |

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|--|---|---|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u> | 16. SOCIAL SECURITY NO.<br><u>UNKNOWN</u> | 17. INFORMANT<br><u>MISS LOIS HASTINGS</u><br>Address<br><u>LOUISIANA MO.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Broncho-pneumonia and Azotemia, and Pyleo-nephritis.</u> |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 mth</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.  | DUE TO (b) <u>Arteriosclerotic hypertensive cardio-vascular renal disease</u> | <u>10 yrs plus</u>  |
|   | DUE TO (c) <u>Pneumococcal</u>  | <u>442X</u>   |
| 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?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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<br>Hour Month, Day, Year<br>a.m. p.m.   |  |

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|---|--|---|
| 20d. INJURY OCCURRED WHILE AT <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 <u>7-6-56</u> to <u>8-31-58</u> and last saw <u>her</u> alive on <u>8-31-58</u><br>Death occurred at <u>12:20 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |

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| 22a. SIGNATURE<br><u>Chas H Tweller MD</u><br>(Degree if title) | 22b. ADDRESS<br><u>Louisiana, Missouri</u> | 22c. DATE SIGNED<br><u>9-2-58</u> |
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|--|----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u> | 23b. DATE<br><u>9/2/58</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>PRAIRIE MOUND CEMETERY</u> | 23d. LOCATION (City, town, or county) (State)<br><u>PIKE Co., ILL.</u> |
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| 24. FUNERAL DIRECTOR<br><u>STERNE FUNERAL HOME</u><br>ADDRESS<br><u>LOUISIANA MO</u> | 25. DATE RECD. BY LOCAL REG.<br><u>Sept 1958</u> | 26. REGISTRAR'S SIGNATURE<br><u>Darius Collier</u> |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

8561 28 100  
OCT 28 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 *Virginia Steve Esterbrook* .....

Licensed Embalmer No. *4645* .....

P. O. Address *Louisiana, 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.