Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-044157
STATE FILE NUMBER

FILED JAN 9 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6003

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital — Length of stay in 1b 17 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 3951 Warwick Blvd. — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First MR. Middle HARRY L. Last HASTINGS
4. DATE OF DEATH Month December Day 18 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED NEVER MARRIED X WIDOWED DIVORCED
8. DATE OF BIRTH Oct. 26, 1874
9. AGE (In years last birthday) 84 — 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) Retired Livestock Buyers
10b. KIND OF BUSINESS OR INDUSTRY Armour Packing Co.
11. BIRTHPLACE (City and state or country) Leavenworth, Kansas
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Stewart Hastings
13b. MOTHER'S MAIDEN NAME Ann Courtenay
14. NAME OF HUSBAND OR WIFE ---
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. Unknown
17. INFORMANT Mrs. C. N. Seidlitz Address 5049 Wornall Road

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) Intertrochanteric fracture, right femur — INTERVAL BETWEEN ONSET AND DEATH 9 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Arteriosclerotic cardiovascular disease E9040.1
19. WAS AUTOPSY PERFORMED? YES X NO
20a. ACCIDENT X SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell at home
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 12-10-58
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK X
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home
20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Missouri

21. I attended the deceased from 12-10-58 to 12-18-58 and last saw her him alive on 12-17-58
Death occurred at St. Luke's Hosoital 12:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank R. Williams (Degree or title) M.D.
22b. ADDRESS 4312 J. C. Nichols Parkway
22c. DATE SIGNED 12-18-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
23b. DATE Dec. 22, 1958
23c. NAME OF CEMETERY OR CREMATORY D. W. Newcomer's Sons
23d. LOCATION (City, town, or county) Kansas City, (State) Missouri

24. FUNERAL DIRECTOR ADDRESS Stine & McClure Und. Co., K.C., Missouri
25. DATE RECD. BY LOCAL REG. 12-19-58
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Frank R. Williams

FEB 27 1959

FEB 0 1959

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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 Eugene L. [illegible]

Licensed Embalmer No. 4633

P. O. Address [illegible]

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.