

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044665

STATE FILE NUMBER

FILED DEC 30 1958 Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 239

300 4
1-57

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY JASPER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN Twsp. | | c. CITY OR TOWN JOPLIN c 495 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOPE MANOR CONVA- INSTITUTION HOPE CENT HOME | | d. STREET ADDRESS (If outside, give location) 2626 E. 8TH ST. | |
| Length of stay in lb 80 YRS | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

| | | | | | | |
|--|--------------------|---|--|---|--------------------------------|--------------------------------|
| 3. NAME OF DECEASED (Type or print) First Middle Last REBECCA MAY HASTING | | | 4. DATE OF DEATH Month Day Year DECEMBER 17, 1958 | | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH JAN. 21, 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) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY HOME | 11. BIRTHPLACE (City and state or country) PARKVILLE, MO. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13a. FATHER'S NAME ISAAC CLARK | | 13b. MOTHER'S MAIDEN NAME REBECCA MARTIN | | 14. NAME OF HUSBAND OR WIFE JAMES R. HASTING, 1940 | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. | 17. INFORMANT DAU- MISS ELEANOR HASTING, WASHINGTON, DC Address | | | |

| | | |
|---|--|---|
| 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>myocardial infarction</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> |
| DUE TO (b) <u>Coronary Thrombosis</u> | | <u>1 week</u> |
| DUE TO (c) <u>Coronary Sclerosis</u> | | <u>unknown</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senile Dementia</u> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

| | | |
|---|--|--|
| 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 Month, Day, Year a.m. p.m. | | |

| | | |
|--|--|--|
| 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>6/27/58</u> to <u>12/16/58</u> and last saw her alive on <u>12-16-58</u> Death occurred at <u>1:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | |

| | | |
|---|---|---|
| 22a. SIGNATURE <u>I. E. Kilbane</u> (Degree or title) | 22b. ADDRESS <u>521 W. 4th., Joplin, Mo.</u> | 22c. DATE SIGNED <u>12/22/58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>12-19-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE CEMETERY,</u> |
| 23d. LOCATION (City, town, or county) <u>WEBB CITY, MISSOURI</u> | | (State) |

| | | |
|---|---|--|
| 24. FUNERAL DIRECTOR <u>STEVE PARKER MORTUARY,</u> ADDRESS <u>JOPLIN, MO.</u> | 25. DATE RECD. BY LOCAL REG. <u>12-23-58</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Sauter</u> |
|---|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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.

MEDICAL CERTIFICATION I, E. Kilbane - Dwg ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin, 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.