

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014514

STATE FILE NUMBER

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 11-61

AMENDED

FILED MAY 5 1961

1. PLACE OF DEATH
 a. COUNTY Miller
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tuscumbia Length of stay in 1b 7 min.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Humphreys-Hospital Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 115 SUNDALLY-Drive Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Cole
 c. CITY OR TOWN Jefferson-City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 115 SUNDALLY-Drive Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
DANIEL- Lee HASTY
 4. DATE OF DEATH Month Day Year
April- 30 1961

5. SEX MALE 6. COLOR OR RACE White 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH July-1933- 27 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office-MANAGER- 10b. KIND OF BUSINESS OR INDUSTRY Credit-Corp. 11. BIRTHPLACE (City and state or country) Miller-Co-Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME HAMILTON-HASTY 13b. MOTHER'S MAIDEN NAME Cliffie-SCOTT 14. NAME OF HUSBAND OR WIFE ARLiss-HASTY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown); (If yes, give war or dates of service)
Yes- 1954-55 7. INFORMANT ARLiss-HASTY- Jefferson City, Mo 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) SHOCK AND HEMORRHAGE INTERVAL BETWEEN ONSET AND DEATH 70 MIN.
 DUE TO (b) LACERATION OF BRAIN "
 DUE TO (c) FRACTURE OF SKULL "
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). MULTIPLE FRACTURES OF THORAX AND R. FEMUR.
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes N. Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
AUTOMOBILE RAN INTO BRIDGE

20c. TIME OF INJURY Hour 1:30 Month, Day, Year 4-30-61
 How 4.m. P.m.

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.) U.S. HIGHWAY No. 54 20f. CITY, TOWN, OR LOCATION MILLER COUNTY Mo. STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at 2:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D.S. Humphreys, D.O., Coroner 22b. ADDRESS Tuscumbia- Mo 22c. DATE SIGNED 1 MAY-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 2 MAY-61 23c. NAME OF CEMETERY OR CREMATORY ELDON 23d. LOCATION (City, town, or county) ELDON (State) Mo

FUNERAL DIRECTOR Wm. Kay ADDRESS ELDON-Mo 25. DATE RECD. BY LOCAL REG. May 2, 1961 26. REGISTRAR'S SIGNATURE Wm. D. E. Kallenbach

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

FIDAVIT OF

SEP 8 1961

MAY 23 1961

MAY 17 1961

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 *Keith M. Kays*
Licensed Embalmer No. 3998

P. O. Address Eldon 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.