ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-018253
STATE FILE NUMBER

AMENDED

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 28

FILED MAY 23 1961

1. PLACE OF DEATH
a. COUNTY MADISON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREDRICKTOWN — Length of stay in 1b 15 DAYS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) MEMORIAL — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY WAYNE
c. CITY OR TOWN GREENVILLE — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First SAMUEL Middle CARL Last HASTINGS
4. DATE OF DEATH Month MAY Day 12 Year 1961
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH 2/2/1894
9. AGE (last birthday) 67 — IF UNDER 1 YEAR Months 3 Days 10 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER
10b. KIND OF BUSINESS OR INDUSTRY BARBER
11. BIRTHPLACE (City and state or country) ZALMA, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME GEORGE HASTINGS
13b. MOTHER'S MAIDEN NAME FLORENCE MORRIS
14. NAME OF HUSBAND OR WIFE ALPHA J. HASTINGS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO.
17. INFORMANT ALPHA J. HASTINGS Address GREENVILLE MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) SPONTANEOUS PNEUMOTHORAX ON RIGHT WITH PLEURAL EFFUSION — 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) MULTIPLE RIB FRACTURES, RIGHT AND LEFT — 13 days
DUE TO (c) PULMONARY EMPHYSEMA — UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).
FRACTURE LEFT CLAVICLE - FRACTURES LEFT TIBIA AND FIBULA
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) IN CAR WRECK 4-30-61
20c. TIME OF INJURY 4:00 Hour p.m. Month, Day, Year 4-30-61
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.) HIGHWAY 67
20f. CITY, TOWN, OR LOCATION GREENVILLE COUNTY WAYNE STATE MO

21. I attended the deceased from 4-30-61, to 5-13-61 and last saw ~~him~~ him alive on 5-13-61
Death occurred at 3:10 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles W. Gosling, M.D.
22b. ADDRESS 115 South Wood Fredricktown Mo.
22c. DATE SIGNED 5-17-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 5-15-61
23c. NAME OF CEMETERY OR CREMATORY GREENVILLE
23d. LOCATION (City, town, or county) GREENVILLE (State) MO.
24. FUNERAL DIRECTOR GISH FUNERAL HOME ADDRESS GREENVILLE, MO.
25. DATE RECD. BY LOCAL REG. 5-19-1961
26. REGISTRAR'S SIGNATURE Florence Hicks

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

JUN 2 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 Me, Student Embalmer No.

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 4426

P. O. Address Piedmont,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.