# SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-022098
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 195

AMENDED

FILED JUN 27 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sedalia
Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bothwell
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Miller
c. CITY OR TOWN: Eldon
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 6 & 4 Walnut
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Chiffie- Middle: Oda- Last: Hasty
4. DATE OF DEATH: Month: June Day: 17 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 15 Aug 1894
9. AGE (last birthday): 66
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY: At-Home
11. BIRTHPLACE (City and state or country): Richland- Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William-H-Scott
13b. MOTHER'S MAIDEN NAME: Mary-Ellen-Baily-
14. NAME OF HUSBAND OR WIFE: Wm Hasty-
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mary-Genevieve-Mayne- Address: Sedalia Mo

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): Carcinoma left Kidney with metastases — INTERVAL BETWEEN ONSET AND DEATH: 9 months
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)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

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

21. I attended the deceased from June 12, 1961 to June 17, 1961 and last saw her alive on June 17, 1961
Death occurred at 11:07 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Albert J Campbell (Degree or title) M.D.
22b. ADDRESS: 312½ So. Ohio, Sedalia Mo
22c. DATE SIGNED: 6-19-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial-
23b. DATE: 20 June 1961
23c. NAME OF CEMETERY OR CREMATORY: Allen
23d. LOCATION (City, town, or county) (State): Miller Co- Mo

24. FUNERAL DIRECTOR: Kirk M Kays ADDRESS: Eldon- Mo
25. DATE RECD. BY LOCAL REG.: 6.19.1961
26. REGISTRAR'S SIGNATURE: Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

**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 Kayel

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.