

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047204

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3533 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 18 1961

1. PLACE OF DEATH
 a. COUNTY **St. Louis**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Spanish Lake** Length of stay in lb **1 year**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **1528 Claudine Drive** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **St. Louis**
 c. CITY OR TOWN **Spanish Lake** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **1528 Claudine Drive** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Carl** Middle **R** Last **Hasty** 4. DATE OF DEATH Month **December** Day **12** Year **1961**

5. SEX **male** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **4-17-1906** 9. AGE (last birthday) **55** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Maintenance Supt.** 10b. KIND OF BUSINESS OR INDUSTRY **Mallinckrodt Chemical Company** 11. BIRTHPLACE (City and state or country) **Arcadia, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Thomas Hasty** 13b. MOTHER'S MAIDEN NAME **Janie Miller** 14. NAME OF HUSBAND OR WIFE **Melva Hasty**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 17. INFORMANT Address **Mrs. Melva Hasty, 1528 Claudine Drive**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **myocardial infarction**
 DUE TO (b) **Coronary Occlusion**
 DUE TO (c) **ASAC -**
 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) **Generalized Arteriosclerosis**
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No 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.)
 20c. TIME OF INJURY Hour Month, Day, Year. a.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.)
 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **4/18/58** to **12/11/61** and last saw him alive on **12/11/61**
 Death occurred at **2:00 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **M.D.** 22b. ADDRESS **10011 Bellmountain Rd.** 22c. DATE SIGNED **12/12/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **Dec. 15, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Friedens Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis Missouri**

24. FUNERAL DIRECTOR ADDRESS **Math Hermann & Son, Inc., 2161 E. Fair Ave St. Louis, 7, Missouri** 25. DATE RECD. BY LOCAL REG. **12-13-61** 26. REGISTRAR'S SIGNATURE **John E. Murphy M.D.**

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 Clement M. E. Neary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.