

-62-037704

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1156

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 17 1962

VS 300 Rev. 4/59
15117
25117
3
4 0
5 3
6
7 0
8 2
9 4200
10
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12 90-3
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

S.E. Melaney, M.D. Medical Certification

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 1 month	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Ryan Hotel		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Ryan Hotel
3. NAME OF DECEASED (Type or print) First JOHN Middle A. Last HASTINGS		4. DATE OF DEATH Month September Day 30 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 10/19/1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator operator		10b. KIND OF BUSINESS OR INDUSTRY Hospital	9. AGE (last birthday) 65
13a. FATHER'S NAME Charles Hastings		11. BIRTHPLACE (City and state or country) Mound City, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W. # 11		12. CITIZEN OF WHAT COUNTRY USA	
16. SOCIAL SECURITY NO. W.W. # 11		13b. MOTHER'S MAIDEN NAME Amanda Clark	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease		14. NAME OF HUSBAND OR WIFE Mrs. Elon Nauman, 7026 King Hill, St. Joseph, Mo	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) mycardial failure		INTERVAL BETWEEN ONSET AND DEATH years at once	
DUE TO (c)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.) Found dead in room, Ryan Hotel	
20c. TIME OF INJURY Hour 12:30 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year 9/30/62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ryan Hotel		20f. CITY, TOWN, OR LOCATION St. Joseph Buchanan Mo.	
21. I attended the deceased from viewed body to _____ and last saw her alive on 9/30/62 Death occurred at 12:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) S.E. Melaney M.D. Coroner	
22b. ADDRESS 214 Kirkpstrick Bldg. St. Joseph, Mo.		22c. DATE SIGNED 10/14/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10/3/1962	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	23d. LOCATION (City, town, or county) (State) Mound City Missouri
24. FUNERAL DIRECTOR Heston Bowman		25. DATE RECD. BY LOCAL REG. Oct. 15, 1962	26. REGISTRAR'S SIGNATURE Mrs. Clark Handell

OCT 18 1962

Revised 10/2/62

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 _____

Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 314 So 10th, St Joseph, 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.