

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012156  
STATE FILE NUMBER

FILED MAY 11 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 144

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MACON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirksville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>LAPLATA</b> <sup>0610</sup> <sub>0</sub>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Community Nursing Home #1</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>HARVEY Lawrence Hastings</b>			4. DATE OF DEATH Month Day Year <b>APR 29, 1959</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAY 23, 1883</b>	9. AGE (In years last birthday) <b>75</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>FLORIS IOWA</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>ALVA R. HASTINGS</b>		13b. MOTHER'S MAIDEN NAME <b>MARY E. BALENGER</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT Address <b>E.E. Hastings LAPLATA MO</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Acute Cardiovascular Collapse</b>			INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Auricular Fibrillation &amp; Cardiac Decompensation</b>		
	DUE TO (c) <b>arteriosclerotic Heart disease</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4260</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from **3-11-59** to **4-29-59** and last saw him alive on **4-28-59**  
Death occurred at **6:25 A.M.** on the date stated above; and to the best of my knowledge, and to the causes stated.

22a. SIGNATURE (Degree or title) <b>George H. Scheurer, D.O.</b>		22b. ADDRESS <b>Kirksville</b>	22c. DATE SIGNED <b>5-1-59</b>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>OBITIAL</b>	23b. DATE <b>MAY 1, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>DAKLAND CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>MOULTON IOWA</b>
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24. FUNERAL DIRECTOR <b>Wilson FUNERAL HOME</b>	ADDRESS <b>LAPLATA MO</b>	25. DATE RECD. BY LOCAL REG. <b>5-2-1959</b>	26. REGISTRAR'S SIGNATURE <b>Doris W. Ratliff</b>
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locor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

GEORGE H. SCHEURER, D.O. MEDICAL CERTIFICATION

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 *Kenneth M. Wilson* .....

Licensed Embalmer No. *H701* .....

P. O. Address *Sci. Plat. Md.* .....

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.