

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035972

FILED VS. NOV 2 1959

137

Primary Registration District No. 3023

Registrar's No. 267

STATE FILE NUMBER

MAILED

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		Length of stay in 1b <u>1 mo.</u>	c. CITY OR TOWN <u>Chilhowee</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>Clinton Gen Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Sen. Delaney</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>WILLIE</u> Middle <u>LEE</u> Last <u>HASTAIN</u>			4. DATE OF DEATH Month <u>OCT.</u> Day <u>25</u> Year <u>1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-24-1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	9. AGE (last birthday) <u>68</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>1</u> Hours <u>—</u> Min. <u>—</u> IF UNDER 24 HR: Hours <u>—</u> Min. <u>—</u>
11. BIRTHPLACE (City and state or country) <u>Henry County Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm T Hastain</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Lee Goff</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes (WW)</u>		16. SOCIAL SECURITY NO. <u>497-42-5882</u>	17. INFORMANT <u>Beth Collins Chilhowee dau</u> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Pancreas</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 mos</u>
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) <u>Biliary Cirrhosis due to Extrahepatic Obstruction</u>			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
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <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
21. I attended the deceased from <u>8/17/59</u> to <u>10/25/59</u> and last saw her/him alive on <u>10/25/59</u> Death occurred at <u>7:20 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Richard H. King M.D.</u>		22b. ADDRESS <u>Clinton, Mo.</u>	22c. DATE SIGNED <u>Oct. 29-1959</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct 30 - 59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Carpenter Ceme</u>	23d. LOCATION (City, town, or county) (State) <u>Johnson County Mo</u>
24. FUNERAL DIRECTOR <u>F L Schaub</u>		ADDRESS <u>Clinton Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Oct. 29-1959</u>
		26. REGISTRAR'S SIGNATURE <u>Wilderred Biggers</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 7 AON SA

VS NOV 23 1959

**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 \_\_\_\_\_

*F. L. Schaberg*

Licensed Embalmer No. 4513

P. O. Address Clinton St.

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.