No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25743

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 6091 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3 Miles East of Sweet Springs Highway 40

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
d. STREET ADDRESS (If rural, give location): 511 East Saline

1804 1

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): ARTHUR
c. (Last): HEWITT

4. DATE OF DEATH (Month) (Day) (Year): July 28, 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Aug. 6, 1894
9. AGE (In years last birthday): 55 — If under 1 year: Months 11, Days 22; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Pre-Fab Bldg.
11. BIRTHPLACE (State or foreign country): Salem, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Dr. B.F. Hewitt
13b. MOTHER'S MAIDEN NAME: Anna Carr
14. NAME OF HUSBAND OR WIFE: Nettie Parsons Hewitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 494-12-4532
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs. Nettie Hewitt, 511 E. Saline Sedalia, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest. - (Accident) — INTERVAL BETWEEN ONSET AND DEATH: 6 Hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____ — 26

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 097
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 40
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 3 Miles East of S. Springs, Saline Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 28, 1950 7 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Collision of Car & Pickup truck

22. I hereby certify that I attended the deceased from July 29, 1950, to 1950, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7 p.m., from the causes and on the date stated above.

23a. SIGNATURE: C. L. Lawless (Degree or title): Coroner Saline Co.
23b. ADDRESS: Marshall Mo.
23c. DATE SIGNED: 7-31-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: August 2, 1950
24c. NAME OF CEMETERY OR CREMATORY: Concordia Cemetery
24d. LOCATION (City, town, or county) (State): Concordia, Mo.

DATE REC'D BY LOCAL REG.: 8/2/50
REGISTRAR'S SIGNATURE: 293 Dolly Andrews
25. FUNERAL DIRECTOR'S SIGNATURE: Duane Ewing
ADDRESS: Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

No. 171951

AUG 21 1950

RECEIVED 8/7/
DISTRICT HEALTH
Dist
8/7/50

AUG 8

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 .....
Student Embalmer

Signed F. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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 this body is not embalmed, fact should be so stated above.