

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26675

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> c. LENGTH OF STAY (If in this place) <u>40 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>0804</u> d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harvey</u> b. (Middle) <u>F.</u> c. (Last) <u>HEWITT</u>		4. DATE OF DEATH (Month) <u>Aug</u> (Day) <u>22</u> (Year) <u>1950</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Oct 29 1879</u>		9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>9</u> DAYS <u>24</u>		11. IF UNDER 1 YEAR Hours <u>1</u> Mins <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmith</u>		11. BIRTHPLACE (State or foreign country) <u>Versailles, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Richard Hewitt</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Stevenson</u>		14. NAME OF HUSBAND OR WIFE <u>Ollie Hewitt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>W. W. Hewitt</u>		ADDRESS <u>Clinton, Mo.</u>	
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) <u>Carcinoma of lung</u> ANTECEDENT CAUSES <u>metastatic to brain</u> DUE TO (b) <u>existing for 2 yrs</u> DUE TO (c) <u>Diabetes Mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>163X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>July 3, 1950</u> , to <u>August 22, 1950</u> , that I last saw the deceased alive on <u>August 22, 1950</u> , and that death occurred at <u>1:45 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>W. W. Hewitt</u>				23b. ADDRESS <u>105 E. Ohio Clinton Mo</u>		23c. DATE SIGNED <u>Aug 22 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 24-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Versailles City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Versailles, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 24-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Kidwell</u>		ADDRESS <u>Versailles, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

**RECEIVED**  
DISTRICT HEALTH OFFICE No. \_\_\_\_\_  
District File Number \_\_\_\_\_  
Date Filed 8/28/5

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

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed.....

Licensed Embalmer No. 4021

P. O. Address versailles, Mo

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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