

No. 300
10. 48

FILED NOV 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37719

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1185

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph
c. LENGTH OF STAY (in this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION General Osteopathic Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Andrew
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEAR SAVANNAH MO 20
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED a. (First) VERA b. (Middle) OPAL c. (Last) Hewitt
4. DATE OF DEATH (Month) (Day) (Year) 11 - 15 - 1952

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH 6-18-1908 9. AGE (In years last birthday) 44 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home 11. BIRTHPLACE (State or foreign country) Andrew Co Mo 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME CYRUS MULLIX 13b. MOTHER'S MAIDEN NAME EVA ERMA BEACHER 14. NAME OF HUSBAND OR WIFE Harry Hewitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. no 17. INFORMANT'S SIGNATURE OR NAME Harry Hewitt ADDRESS Savannah Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolus
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ileus
DUE TO (c)
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 20. AUTOPSY? YES NO

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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 7, 1952, to Nov 15, 1952; that I last saw the deceased alive on Nov 15, 1952, and that death occurred at 3:50 pm., from the causes and on the date stated above.

23a. SIGNATURE Clifford L. Steedley (Degree or title) 23b. ADDRESS 2080 1/2 Union St Joseph Mo 23c. DATE SIGNED 11/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 11-17-52 24c. NAME OF CEMETERY OR CREMATORY SAVANNAH 24d. LOCATION (City, town, or county) (State) SAVANNAH MO

DATE REC'D BY LOCAL REG. Nov. 18, 1952 REGISTRAR'S SIGNATURE Carl C. Coats 25. FUNERAL DIRECTOR'S SIGNATURE Breit Funeral Home ADDRESS Savannah Mo

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

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 E. C. Brief
Licensed Embalmer No. 3650
Savannah

P. O. Address.....

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.