

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

20965

State File No.

FILED JUN 29 1953

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Cass.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Merwin, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>26 Hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Hotel Merwin.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harrisonville Hospital.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>STRAUD</u>	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>HEWITT.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 21 1953</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>Dec. 26, 1866</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, Retired.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gen Farming.</u>	11. BIRTHPLACE (State or foreign country) <u>Miami County Kansas.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>Taylor Hewitt.</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Johnson.</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Hewitt.</u>
--	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give year or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Stoker.</u>	ADDRESS <u>Drexel, 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, athenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>4/201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 June 20, 1953 to June 21, 1953, that I last saw the deceased alive on June 21, 1953, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harry B. Hewitt</u> M.D.	23b. ADDRESS <u>Harrisonville, Mo.</u>	23c. DATE SIGNED <u>6/23/53.</u>
--	--	----------------------------------

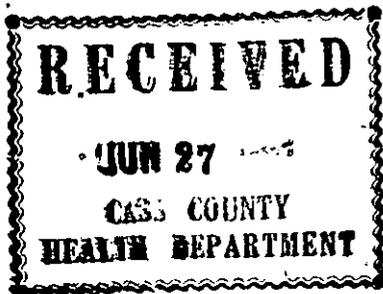
24a. BURIAL, CREMATION, REMOVAL <u>Removal.</u>	24b. DATE <u>6/24/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Lancaster Cem</u>	24d. LOCATION (City, town, or county) (State) <u>New Lancaster, Kans.</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG <u>6/24-1953</u>	REGISTRAR'S SIGNATURE <u>Rora Barward</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Drexel, MO.</u>
--	---	--	----------------------------

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

(Licensed Embalmers' Signatures on Reverse)

1953 JUN 27



STATEMENT BY LICENSED EMBALMER

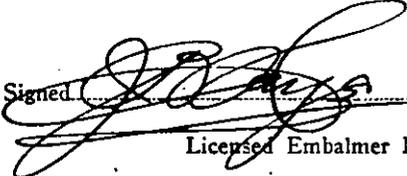
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

~~Student Embalmer~~ No.

working under my personal supervision.

Student

~~Student Embalmer~~

Signed 

J. B. Heys

Licensed Embalmer No. 1950

P. O. Address Drexel, Missouri

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.