

FILED AUG 2 - 1954

STANDARD CERTIFICATE OF DEATH

23843

State File No. _____
Registrar's No. 490

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4381

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Hopkins		c. CITY OR TOWN Hopkins	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 28 yrs.		e. STREET ADDRESS (If rural, give location) 8740	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED a. (First) Harvey (Type or Print)			b. (Middle) Dale			c. (Last) Hewett			4. DATE OF DEATH (Month) (Day) (Year) July 16, 1954						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 10, 1879		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) Warren County, Ill.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Alvin E. Hewett			13b. MOTHER'S MAIDEN NAME Sarah C. Link			14. NAME OF HUSBAND OR WIFE Mamie Hewett, Hopkins, Mo		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 493 18 8470		17. INFORMANT'S SIGNATURE OR NAME Mrs Mamie Hewett, Hopkins, Mo.				ADDRESS			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bilateral Pulmonary Edema						INTERVAL BETWEEN ONSET AND DEATH 2 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchiectasis						10 yrs	
		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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 7/16, 1954 to 7/16, 1954 that I last saw the deceased alive on 7/16, 1954 and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE C. H. Kern, M.D.		(Degree or title)		23b. ADDRESS Hopkins		23c. DATE SIGNED 7/17/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 18, 1954		24c. NAME OF CEMETERY OR CREMATOR Hopkins		24d. LOCATION (City, town, or county) (State) Hopkins, Mo.	
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DATE REC'D BY LOCAL REG. 8-30-54		REGISTRAR'S SIGNATURE Kearns Holtz		25. FUNERAL DIRECTOR'S SIGNATURE Stanley Swanson		ADDRESS Hopkins, Mo.	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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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 myself Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stanley Swanson
Licensed Embalmer No. 396
P. O. Address Hopkinton

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.