

FILED OCT 3-1955

STANDARD CERTIFICATE OF DEATH

29025

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1038

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) 10 hrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Kansas b. COUNTY Doniphan
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Marion Twn.)
 d. STREET ADDRESS (If rural, give location) R.R.#3, Wathena

3. NAME OF DECEASED
 a. (First) HARVEY b. (Middle) AUGUST c. (Last) HEWINS

4. DATE OF DEATH (Month) (Day) (Year)
Sept. 23, 1955

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 10, 1911

9. AGE (In years last birthday) 44

IF UNDER 1 YEAR: Months _____ Days _____
 IF UNDER 1 MIN.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm owner

11. BIRTHPLACE (State or foreign country) Wathena, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Martin Hewins

13b. MOTHER'S MAIDEN NAME Ida Kuhlman

14. NAME OF HUSBAND OR WIFE Emma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 509-09-0924

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Emma Hewins-Wathena, Kansas

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Coronary thrombosis, et.
 DUE TO (c)
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus 4201

INTERVAL BETWEEN ONSET AND DEATH
Instantaneous

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 Oct. 13, 1953, to Sept. 23, 1955, that I last saw the deceased alive on Sept. 23, 1955, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frederick E. Totten, M.D.

23b. ADDRESS Wathena, Kansas

23c. DATE SIGNED 9/24/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 9-23-55

24c. NAME OF CEMETERY OR CREMATORY Bellefont Cemetery

24d. LOCATION (City, town, or county) (State) Wathena, Kansas

DATE REC'D BY LOCAL REG. Sept 28, 1955

REGISTRAR'S SIGNATURE Kathleen M. Allison 485

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles M. Sherman
Harsham Funeral Home-Wathena, Ks.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Charles M. Harman

Signed.....
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address Wathena, Kansas

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.