

STANDARD CERTIFICATE OF DEATH

FILED JAN 31 1956

State File No.

BIRTH NO. REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 2085 Registrar's No.

1. PLACE OF DEATH a. COUNTY Lafayette b. CITY (If outside corporate limits, write RURAL and give township) Lexington c. LENGTH OF STAY (in this place) 4 Weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Ray

d. FULL NAME OF HOSPITAL OR INSTITUTION Lexington Memorial Hospital e. CITY OR TOWN Orrick, Mo. f. Is Residence within limits of a city or incorporated town? Yes [] No [X]

STREET ADDRESS (If rural, give location) 4 Miles S.W. of Orrick, Mo. 0890

3. NAME OF DECEASED a. (First) Thomas b. (Middle) Berch c. (Last) Hewlett 4. DATE OF DEATH Jan. 22, 1956

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH March 13, 1876 9. AGE (In years last birthday) 78

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) Rural Richmond, Mo. 12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Thomas Berch Hewlett 13b. MOTHER'S MAIDEN NAME Lucy Green ~~Ray County, Mo.~~ 14. NAME OF HUSBAND OR WIFE Ruby Hewlett

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. 17. INFORMANT'S SIGNATURE OR NAME Omer Hewlett ADDRESS Orrick, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES DUE TO (b) Cerebral hemorrhage DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension INTERVAL BETWEEN ONSET AND DEATH. 14 hrs. 26 da.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [] NO [X]

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 [] NOT WHILE AT WORK [X] 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/27/1955, to Jan. 22, 1956, that I last saw the deceased alive on Jan. 22, 1956, and that death occurred at 7:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Bess H. Brasher MD 23b. ADDRESS Lexington, Mo. 23c. DATE SIGNED 1/23/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan. 24, 1956 24c. NAME OF CEMETERY OR CREMATORY Riffe Cemetery 24d. LOCATION (City, town, or county) (State) 3 Mi N-W of Orrick, Mo.

DATE REC'D BY LOCAL REG. 25. FUNERAL DIRECTOR'S SIGNATURE B. W. Good ADDRESS Orrick, 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.....
Signature of Student Embalmer

Signed.....
Charles J. Tyler

Licensed Embalmer No. 453

P. O. Address *Liberty*

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.