

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028854

FILED VS SEP 14 1959 **37**

Registration District No. **227** Primary Registration District No. _____ Registrar's No. **229**

STATE FILE NUMBER

IDED

1. PLACE OF DEATH a. COUNTY HENRY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CASS					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ZRICH		Length of stay in 1b 4 months		c. CITY OR TOWN HARRISONVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ZRICH, MO.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 406 W. WASHINGTON		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First NANCY Middle EMMALINE Last HEWITT				4. DATE OF DEATH Month Sept Day 6 Year 1959					
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-10-1874	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horse Keeper			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) IBERIA, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Jefferson WALL			13b. MOTHER'S MAIDEN NAME NANCY JANE ATWELL			14. NAME OF HUSBAND OR WIFE John Hewitt			
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. None		17. INFORMANT Address ZENDA Porter 406 W Wash. Harrisonville, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion							INTERVAL BETWEEN ONSET AND DEATH Sudden		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 4:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Wm. E. Williams Deputy Sheriff				22b. ADDRESS Clinton, Missouri			22c. DATE SIGNED 9-6-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-9-1959	23c. NAME OF CEMETERY OR CREMATORY Hermitage Cemetery		23d. LOCATION (City, town, or county) (State) Hermitage, Missouri					
24. FUNERAL DIRECTOR Atkinson Dickey			ADDRESS HARRISONVILLE MO.		25. DATE RECD. BY LOCAL REG. 9-8-59		26. REGISTRAR'S SIGNATURE Mildred Bigum		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert Atkinson

Licensed Embalmer No. 4902

P. O. Address Hudson

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to conform 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.