

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000460

FILED VS FEB 8 1960 43

Primary Registration District No. 3807

Registrar's No. 47

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff	Length of stay in 1b 25 Yrs.	c. CITY OR TOWN Poplar Bluff	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Old 60 West
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Oliver Middle Hewlett Last Hewlett			4. DATE OF DEATH Month Jan. Day 10 Year 1960		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/2/1909	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months 8 Days 8 Hours 8 Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Packing	10b. KIND OF BUSINESS OR INDUSTRY Packing	11. BIRTHPLACE (City and state or country) Mills, New Mexico	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME G. W. Hewlett	13b. MOTHER'S MAIDEN NAME Mary Elizabeth Clark	14. NAME OF HUSBAND OR WIFE Eula Hewlett
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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. 492-01-0925	17. INFORMANT Mrs. Oliver Hewlett, Poplar Bluff	Address Poplar Bluff
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation DUE TO (b) Cardiac failure DUE TO (c) Constrictive pericarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERNAL BETWEEN ONSET AND DEATH No
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Old healed pleural effusion (old lbc)		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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.)
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20c. TIME OF INJURY Hour 1:30 a.m. A.M. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Poplar Bluff, Mo.	COUNTY Butler	STATE Mo.
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at **1:30 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Dr. Charles W. Poplar Bluff, Mo.</i>	(Degree or title)	22b. ADDRESS Poplar Bluff, Mo.	22c. DATE SIGNED 1/12/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Bubial	23b. DATE 1/12/60	23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens	23d. LOCATION (City, town, or county) Poplar Bluff, Mo.	(State)
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24. FUNERAL DIRECTOR Frank Cotrell Chapel, Poplar Bluff	ADDRESS	25. DATE RECD. BY LOCAL REG. 1/25/60	26. REGISTRAR'S SIGNATURE <i>R. M. Muehler</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

