

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-037295

FILED VS NOV 7 1960

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 319

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b 15 days	c. CITY OR TOWN Greentop		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim-Smith Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D. 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Harvey Marion Hewitt			4. DATE OF DEATH Month Day Year October 28 1960			
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 March 24 1880	9. AGE (last birthday) 80 IF UNDER 1 YEAR IF UNDER 24 HR Months 7 Days 4 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 farming	11. BIRTHPLACE (City and state or country) Adair Co., Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Jerry Hewitt		13b. MOTHER'S MAIDEN NAME Mary Jane Friend		14. NAME OF HUSBAND OR WIFE Mary Clarinda Peterson		
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. 497-42-1452	17. INFORMANT Address Mary C. Hewitt - Greentop, 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) Small vessel obstruction DUE TO (b) mesenteric thrombosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 7 da 14 da.	
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 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 July 16, 1949 to Oct 28, 1960 and last saw him alive on Oct 28, 1960 Death occurred at 11:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Milton T. Engle M.D.			22b. ADDRESS Kulesidee		22c. DATE SIGNED 10-30-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/31/60	23c. NAME OF CEMETERY OR CREMATORY Willmathsville Demetery		23d. LOCATION (City, town, or county) Willmathsville, Mo. (State)		
24. FUNERAL DIRECTOR ADDRESS Dee Riley Funeral Home, Inc. Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 10-31-1960	26. REGISTRAR'S SIGNATURE Doris W. Ratliff			

ENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MILTON T. ENGLISH, M.D.

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 W. K. Jackson

Licensed Embalmer No. 3954
P. O. Address Kirkville, Mo.

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.