

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037033

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 251 Primary Registration District No. Registrar's No. 209

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

VS 300 Rev. 4/59

1 0745

2 0745

3

4 1

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9 420.1

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11

12 86.6

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 16 1963

1. PLACE OF DEATH
 a. COUNTY **Nodaway**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** COUNTY **Nodaway**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Maryville** Length of stay in 1b **2 months**

c. CITY OR TOWN **Maryville** Inside Limits Yes No

d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Nodaway Nursing Home** Inside Limits Yes No

d. STREET ADDRESS **120 East Edwards** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
BERTHA E. HEWITT **9 11 63**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **9/8/83** 9. AGE (last birthday) **80**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Own home** 11. BIRTHPLACE (City and state or country) **Graham, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **William H. Cramer** 13b. MOTHER'S MAIDEN NAME **Dollie Ann Goodwin** 14. NAME OF HUSBAND OR WIFE **Harry Hewitt, dec.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of no) **no** 16. SOCIAL SECURITY NO. [] 17. INFORMANT Address **Miss Iva Cramer, Kansas City, Mo.**

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Coronary occlusion acute** INTERVAL BETWEEN ONSET AND DEATH **20 min**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **arteriosclerosis - cerebral**
 DUE TO (c) **cardiac & general**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **none**

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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
 a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 **1945** to **9/11/63** and last saw him/her live on **8.23.63**
 Death occurred at **2:45 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **M. D.** 22b. ADDRESS **Maryville, Missouri** 22c. DATE SIGNED **9/12/63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **9/13/63** 23c. NAME OF CEMETERY OR CREMATORY **Maitland** 23d. LOCATION (City, town, or county) (State) **Maitland, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Price Funeral Home, Maryville, Mo.** 25. DATE RECD. BY LOCAL REG. **9-12-63** 26. REGISTRAR'S SIGNATURE **Bess Bolt**

USE BLACK INK OR TYPEWRITER RIBBON

840720-888

NOV 21 1963

DEC 27 1963

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 _____

J. D. Merritt

Licensed Embalmer No. 5788

P. O. Address Franklin, Mo

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.