

S. No. 300
V. 10.48

FILED SEP 2 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27856

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Henry</u> 0420 3		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> 42	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural, Windsor Twp.</u> c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Windsor</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 52, 5 Mi W of Windsor</u>		d. STREET ADDRESS (If rural, give location) <u>701 S. Main</u>	

3. NAME OF DECEASED (Type or Print) <u>BLAINE ARTHUR HEWES</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 24, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Jan. 26, 1931</u>	9. AGE (In years last birthday) <u>21</u>	10 UNDER 1 YEAR Months _____	11 UNDER 24 HRS. Hours _____	12 UNDER 1 MIN. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lathe worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Pittsburg-Corning Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Hitchinson Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Willard Hewes</u>	13b. MOTHER'S MARRIAGE NAME <u>Lern Weathers</u>	14. NAME OF HUSBAND OR WIFE _____
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>491 32 6121</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lern Hewes</u>	ADDRESS <u>Windsor, Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FRACTURE CERVICAL VERTEBRAE INSTANT</u>		
	ANTECEDENT CAUSES <u>FR. L. RADIUS + L. ULNA</u> <u>INTERNAL INJURIES</u> DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>E 8154</u> <u>26</u> Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY 52 5 MI W OF WINDSOR</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>HENRY MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>AUG. 24 1952 13:15 pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>AUTO-MOTORCYCLE ACCIDENT</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Nugh B. Walker, MD Coroner</u>	23b. ADDRESS <u>Clinton, Mo</u>	23c. DATE SIGNED <u>24 Aug. 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-25-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>	24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Aug. 15-52</u>	REGISTRAR'S SIGNATURE <u>Florence Adams</u> 422	25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Church</u>	ADDRESS <u>Windsor, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 23 1952

APR 24 1956

FEB 13 1958

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
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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 this body is not embalmed, fact should be so stated above.