

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1812

State File No.

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|---|--|--|---|---|---|---|-----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>174</u> | | PRIMARY REG. DIST. NO. <u>2085</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ray</u> | | | |
| b. CITY OR TOWN <u>Lexington</u> | | c. LENGTH OF STAY (in this place) <u>4 Weeks</u> | | c. CITY OR TOWN <u>Orrick,</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u> | | | | STREET ADDRESS (If rural, give location) <u>4 Miles S. W. of Orrick, Mo.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Berch</u> c. (Last) <u>Hewlett</u> | | | 4. DATE OF DEATH <u>Jan. 22, 1956</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>March 13, 1876</u> | |
| 9. AGE (In years last birthday) <u>78</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Rural Richmond, Mo.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Rural Richmond, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> | |
| 13a. FATHER'S NAME <u>Thomas Berch Hewlett</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Lucy Green</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ruby Hewlett</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Omer Hewlett</u> | | ADDRESS <u>Orrick, Mo.</u> | |
| 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, asthenia, 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>Coronary thrombosis</u> | | | | DUE TO (b) <u>Cerebral hemorrhage</u> | | | 14 hrs. |
| ANTECEDENT CAUSES | | | | DUE TO (c) _____ | | | 26 da. |
| II. OTHER SIGNIFICANT CONDITIONS | | | | Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u> | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>12/27/1955</u> , to <u>Jan. 22, 1956</u> , that I last saw the deceased alive on <u>Jan. 22, 1956</u> , and that death occurred at <u>7:20 A.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Bess H. Brasher MD</u> | | | | 23b. ADDRESS <u>Lexington, Mo.</u> | | 23c. DATE SIGNED <u>1/23/56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Jan. 24, 1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Riffe Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>3 Mi N.W. of Orrick, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>L31-56</u> | | REGISTRAR'S SIGNATURE <u>Blayne A. Bridges</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>B. W. Good</u> | | ADDRESS <u>Orrick, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Licensed Embalmer No. 453

P. O. Address Liberty

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.