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M-5-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED OCT 8 1945 STANDARD CERTIFICATE OF DEATH

State File No. **31249**
Registrar's No. **77**

Registration District No. **290**

Primary Registration District No. **4431**

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

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Dixon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Lucy Ellen Helton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female / **5. Color or race** White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert S. Helton

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased 2 / 24 / 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>5</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Maries County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Simon Hankey

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Lumina Wilson

15. Birthplace Maries County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Robert S. Helton

(b) Address Dixon, Missouri

17. (a) Burial **(b) Date thereof** 8/12/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kenner

18. (a) Signature of funeral director Fred E. Gilbert

(b) Address Dixon, Missouri

19. (a) 9-20-45 **(b)** John M. Dadd
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

(c) City or town Dixon
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION*

20. DATE OF DEATH: Month 8 day 10
year 1945 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1st
1944 to Aug-10-1945

that I last saw h. or alive on Aug 8, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Left Breast

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: 50

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature W. G. Brider (M. D. or dentist) 8/10-45

Address Dixon, Mo. Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1170

(Licensed Embalmer's Statement on Reverse Side)

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.....

89/10/45

working under my personal supervision.

Registered Apprentice No.....

Signed.....
Fred H. Gillen

Licensed Embalmer No. 2341.....

P. O. Address Dixon, Missouri.....

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.