No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39235

FILED NOV 24 1947

Registration District No. 290 | Primary Registration District No. 4427 | Registrar's No. 142

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

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: De Witt
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Miller 66
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Tuscumbia, Mo RT 1
(If rural, give location) 1
(e) Citizen of foreign country? (~~Yes~~ or No)
If yes, name country

3. (a) PRINT FULL NAME Addison Irvin Helton
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Edith Wolverton Helton
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased May (Month) 8 (Day) 1902 (Year)

8. AGE: Years 45 | Months 5 | Days 22 | If less than one day hr. min.

9. Birthplace Miller County (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name David Helton
13. Birthplace Osage County (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Roberta Copeland
15. Birthplace Marries County (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Mrs Addison Helton
(b) Address Tuscumbia Mo Rt 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-1-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Zion
18. (a) Signature of funeral director Loran R. Adams
(b) Address Iberia, Mo.
19. (a) Nov. 18, 1947 (Date received local registrar) (b) Thelma C. Buchtheyer (Registrar's signature) 294

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 30 year 1947 hour 9:00 minute A.M.
21. I hereby certify that I attended the deceased from October 1944, 19, to October 30 1947 that I last saw him alive on October 30 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Shock	9 hrs
Due to Coronary Thrombosis	11 hrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94A

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? (Specify type of place) 2
While at work? (e) Means of injury
23. Signature M. E. Humphrey (M. D. or other) D.O.
Address Tuscumbia, Mo. Date signed 10-31-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

NOV 24 1941

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~~ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Loran L. Adams

Licensed Embalmer No. 4207

P. O. Address Iberia, 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.