

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 8424
1045

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		a. STATE Missouri		b. COUNTY Jackson	
c. LENGTH OF STAY (in this place) 12 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		d. STREET ADDRESS (If rural, give location) 115 S. Short			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. AGE (In years last birthday)	
a. (First) Robert		b. (Middle) Henry		c. (Last) Helmer		Date: (Month) (Day) (Year) Mar. 4, 1949	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Aug. 22, 1935	
9. AGE (In years last birthday) 13		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student	
10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Cincinnati, Ohio.		12. CITIZEN OF WHAT COUNTRY? American			
13a. FATHER'S NAME Robt. H. Helmer, Sr.			13b. MOTHER'S MAIDEN NAME Helen Moran			14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no; or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robt. H. Helmer, Sr. Independence, Mo.			
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) Acute Nephritis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) acute Pharyngitis				10 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 590K		DUE TO (c)				13-14 days	
19a. DATE OF OPERATION 3-3-49		19b. MAJOR FINDINGS OF OPERATION Edema of Brain due to the acute nephritis				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21d. (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>3-3</u> , 1949, to <u>3-4</u> , 1949, that I last saw the deceased alive on <u>3-4</u> , 1949, and that death occurred at <u>4:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE Donald F. Coburn, M.D.		23b. ADDRESS 411 Plawala Road Kansas City 3, Mo.		23c. DATE SIGNED 3-7-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/7/49		24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery		24d. LOCATION (City, town, or county) (State) Independence, Mo.	
DATE REC'D BY LOCAL REG. 3-7-49		REGISTRAR'S SIGNATURE Thereldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. Larson Independence, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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
Student Embalmer

Signed R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.