

FILED JUN 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17009

94
00

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 184

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Esther, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Esther	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Edna	b. (Middle)	c. (Last) Helms	4. DATE OF DEATH (Month) (Day) (Year) May 21 1949
-------------------------------------	---------------------------	-------------	---------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec- 9- 1881	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 5 Days 12	IF UNDER 48 HRS. Hours Mins.
-------------------------	----------------------------------	--	---	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Franklin County, Mo	12. CITIZEN OF WHAT COUNTRY, A, USA,
---	-----------------------------------	---	--

13a. FATHER'S NAME Henry Bennett	13b. MOTHER'S MAIDEN NAME Sadie Callahan	14. NAME OF HUSBAND OR WIFE John Helms
--	--	--

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. 	17. INFORMANT'S SIGNATURE OR NAME Mrs. Dorsey Bay	ADDRESS Esther, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days 7-8 yrs known
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	• ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease DUE TO (c) 		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hemorrhage previous to terminal attack about 6 mos before			

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) 443X
--	--	--

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 Sept 1945 to May 21, 1949, that I last saw the deceased alive on May 21, 1949, and that death occurred at 8:40A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. L. Foster M.D.	23b. ADDRESS Desloge, Missouri	23c. DATE SIGNED 5-22-49
--	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 23, 1949	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Leadington, Mo
--	----------------------------------	--	--

DATE REC'D BY LOCAL REG. May 26, 1949	REGISTRAR'S SIGNATURE Esther Rudolph	25. FUNERAL DIRECTOR'S SIGNATURE SPARKS	ADDRESS Flat River, Mo
---	--	---	----------------------------------

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

RECEIVED

District Health Officer No. 4

District File Number 649-732

Date Filed 6-1-49

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.

Signed _____
Student Embalmer

Signed Murphy Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River, 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.