

FILED AUG 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23088

State File No. \_\_\_\_\_

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

39  
2  
66

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>660</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Greene</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Webster</b>	
c. LENGTH OF STAY (in this place) <b>2 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Mansfield</b>		112			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>O'Reilly VA Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>None</b>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <b>Philip</b>	b. (Middle) <b>E</b>	c. (Last) <b>Helfreich</b>	Month <b>July</b>	Day <b>24</b>	Year <b>1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 6, 1887</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 11 HRS. Days <b>18</b>	Hours <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Magnokoto, Iowas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Florence Helfreich</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>O'Reilly VAH Records Springfield, Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonitis, acute, bilateral, secondary cardiac dilation and hypertrophy.</b></p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> <p>ANTECEDENT CAUSES (b) <b>Cor Pulmonale</b></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Chronic Vesicular emphysema bilateral</b></p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)</p>							
							<b>4343</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <b>July 22</b> , 19 <b>49</b> , to <b>July 24</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>July 24</b> , 19 <b>49</b> , and that death occurred at <b>8:30 AM</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>A. J. Bondurant, M. D.</b>				23b. ADDRESS <b>O'Reilly VA H Springfield, Mo</b>		23c. DATE SIGNED <b>July 24 1949</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-26-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>7-27-49</b>		REGISTRAR'S SIGNATURE <b>W. H. Handley</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Goman-Schuyf</b>		ADDRESS <b>Springfield, Mo.</b>	

JAN 2 1951

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 \_\_\_\_\_

*Gene C. Hunter*

Student Embalmer No. *291*

working under my personal supervision.

Student *Gene C. Hunter*  
Student Embalmer

Signed *Lewis G. Schopf*

Licensed Embalmer No. *380*

P. O. Address *Springfield 7*

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.