

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43252**
04784

FILED JAN 10 1950

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, write RURAL and give town) JEFFERSON BRKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) LINN	
c. LENGTH OF STAY (in this place) 23 days		d. STREET ADDRESS (If rural, give location) RURAL ROUTE 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET ADM. HOSPITAL			

3. NAME OF DECEASED a. (First) GEORGE b. (Middle) H. c. (Last) HELMIG			4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 26 1949		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-8-93	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) HOPE, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME AUGUST HELMIG		13b. MOTHER'S MAIDEN NAME MARY DUNCAN		14. NAME OF HUSBAND OR WIFE BLANCHE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W. I		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS ADDRESS	

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, assthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EMBOLI		INTERVAL BETWEEN ONSET AND DEATH Unk.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) THROMBOPHLEBITIS OF LEFT LEG		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			463X

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)	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 12-3, 1949, to 12-26, 1949, ~~XXXXXX~~ and that death occurred at 8, 15 p m., from the causes and on the date stated above.

23a. SIGNATURE L.E. Stilwell (Degree or title) L.E. STILWELL M.D. CH.F. OF PROF. SERVICES		23b. ADDRESS JEFFERSON BARRACKS, MISSOURI		23c. DATE SIGNED 12-27-49	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 12-30-49	24c. NAME OF CEMETERY OR CREMATORY Lane	24d. LOCATION (City, town, or county) (State) Osage County Mo.	25. FUNERAL DIRECTOR'S SIGNATURE Herbert B. Womke, M.D. ADDRESS MORTON FUNERAL HOME LINN, MISSOURI	
DATE REC'D BY LOCAL REG. 12-27-49		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			

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

JAN 12 1950

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 Vernon M. Moston

Licensed Embalmer No. 4125

P. O. Address Levin, 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.