

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9268

1495

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Atlas Community 0490	
c. LENGTH OF STAY (In this place) 3 days		d. STREET ADDRESS (If rural, give location) Rt 4 Carthage	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Johns Hospital			
3. NAME OF DECEASED a. (First) GEORGE b. (Middle) HELTZELL c. (Last) HELTZELL			4. DATE OF DEATH (Month) (Day) (Year) March 22, 1950
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH July 15, 1888
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY Watchman	11. BIRTHPLACE (State or foreign country) Barry County Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Christian Heltzell		13b. MOTHER'S MAIDEN NAME no data	14. NAME OF HUSBAND OR WIFE Mary Jane Heltzell
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 ADDRESS Mary Jane Heltzell Rt 4 Carthage, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 3-20-1950 ANTECEDENT CAUSES DUE TO (b) Hypertension 1941. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none 321X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE No (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 3/20/1950, to 3-22-50, that I last saw the deceased alive on 3-22-1950 and that death occurred at 4P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) [Signature] M D O		23b. ADDRESS Frisco Bldg,	23c. DATE SIGNED 3/24/50
24a. BURIAL CREMATION, REMOVAL (Specify) Burial 1)	24b. DATE 3-25-50	24c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery	24d. LOCATION (City, town, or county) (State) Joplin, Missouri
DATE REC'D BY LOCAL REG. 3-27-50		REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedge Lewis Webb City, Mo.

RECEIVED 4-3-50
Jasper County Health Office

County File Number 50-3-253

Date Filed 4-3-50

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City 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.