

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH16361
State File No. 10

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 5425 Registrar's No. 10

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|---|--|--|--|
| 1. PLACE OF DEATH a. CITY FRANKLIN | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE MISSOURI d. COUNTY FRANKLIN | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW HAVEN | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW HAVEN MO 0361 | |
| c. LENGTH OF STAY (in this place) 30 YRS | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|---|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) HELLMANN c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) 5-24-50 | | |
| 5. SEX (M) MALE | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | |
| 8. DATE OF BIRTH NOV 4 1869 | | 9. AGE (In years last birthday) 80 | | 10. IF UNDER 1 YEAR Hours Min. 5 20 | |
| 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) MISSOURI | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13a. FATHER'S NAME MATHIAS HELLMANN | | 13b. MOTHER'S MAIDEN NAME SOPIA PATKA | |
| 14. NAME OF HUSBAND OR WIFE ANNIE HELLMANN | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Wm Andy Kramer | | ADDRESS Huntsburg Mo | | | |

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|--|--|---|--|--|--|
| 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 complications which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis and Myocardial Degeneration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH 4222 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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|--|--|--|--|---|--|
| 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 only, fr, to May 24, 1950, that I last saw the deceased alive on May 24, 1950, and that death occurred at 12:45P m., from the causes and on the date stated above.

| | | | | | |
|---|--|---|--|---------------------------------|--|
| 23a. SIGNATURE [Signature] (Degree or title) D.O. | | 23b. ADDRESS New Haven; Missouri | | 23c. DATE SIGNED 5/25/50 | |
|---|--|---|--|---------------------------------|--|

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|---|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 5-26-50 | | 24c. NAME OF CEMETERY OR CREMATORY CATHOLIC CEM | |
| 24d. LOCATION (City, town, or county) (State) NEW HAVEN MO | | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] | | ADDRESS New Haven Mo | |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. May 25 1950 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] | |
| | | | | ADDRESS New Haven Mo | |

RECEIVED MAY 29 1960
District Health Officer No. 9,
District File Number

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 *Earl Fertig*

Licensed Embalmer No. *3385*

P. O. Address *New Haven Ct*

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.