

FILED MAY 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16774
2052

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, write RURAL and give town)		c. LENGTH OF STAY (in this place) OR TOWN KANSAS CITY 7 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY 1738					
d. FULL NAME OF HOSPITAL OR INSTITUTION 4725 Mc GEE STREET				d. STREET ADDRESS (If rural, give location) 4725 Mc GEE STREET					
3. NAME OF DECEASED a. (First) CHARLES b. (Middle) CORWIN c. (Last) HELM			4. DATE OF DEATH (Month) (Day) (Year) MAY 2 1950						
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCTOBER 7, 1881			
						9. AGE (In years last birthday) 68 YRS			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DEPUTY SHERIFF			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) WARREN, INDIANA		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME ALONZO HELM			13b. MOTHER'S MAIDEN NAME Addie Corwin		14. NAME OF HUSBAND OR WIFE CAPITOLA HELM				
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. CAPITOLA HELM, 4725 Mc GEE					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 3-4 minutes		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion							
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, Chron. Myocarditis					noticed on Febr. 3, 1950		
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death. Obesity					4201		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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 on Febr 3, 1950 @ on May 2, 1950, that I last saw the deceased alive on 7:20 am 5/2, 1950, and that death occurred at 7:25 a. m., from the causes and on the date stated above.									
23a. SIGNATURE M. J. Shypper (Degree or title)				23b. ADDRESS 1115 Grand ave		23c. DATE SIGNED 5-3-1950			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5-4-50		24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City mo.			
DATE REC'D BY LOCAL REG. 5-4-50		REGISTRAR'S SIGNATURE Geraldine Holmwood		25. FUNERAL DIRECTOR'S SIGNATURE 131 BRUSH CREEK ADDRESS Newcomers Sons KANSAS CITY, MO.					

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

616
119-6419
Robert H. H. H.

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 Jess T. Dews

Licensed Embalmer No. 4453

P. O. Address: Kansas City

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.