

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33073

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

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10-26-50

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>DADE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>DADE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOCKWOOD</u> <u>LOCKWOOD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOCKWOOD</u> <u>MO 0290</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>#</u>		d. STREET ADDRESS (If rural, give location) <u>U</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>BLANCHARD</u> c. (Last) <u>HELMES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 20 1950</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB 20 1870</u>
9. AGE (In years last birthday) <u>76</u> Months <u>8</u> Days <u>—</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SEWING MACHINE WORK</u>	
11. BIRTHPLACE (State or foreign country) <u>WISCONSIN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>EDWIN PARKER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ELIZABETH SHUMAKER</u>	
14. NAME OF HUSBAND OR WIFE <u>ETHEL B. GOLDEN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>	
16. SOCIAL SECURITY NO. <u>511-07-5388</u>		17. INFORMANT'S SIGNATURE OR NAME <u>GERTRUDE HELMES</u> ADDRESS <u>LOCKWOOD MO</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of the Prostate</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>November 19 49</u> , to <u>October 19 50</u> , that I last saw the deceased alive on <u>October 19 1950</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Max Heilbrunn</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Lockwood, Mo</u>	
23c. DATE SIGNED <u>10-20-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVED</u>	
24b. DATE <u>Nov 20 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WITCHATA</u>	
24d. LOCATION (City, town, or county) (State) <u>WITCHATA KANSAS</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. L. Hamreld</u> ADDRESS <u>Lockwood MO</u>	
DATE RECD BY LOCAL REG. <u>Oct 21 50</u>		REGISTRAR'S SIGNATURE <u>Geo. L. Weir</u> 79	

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED OCT 30 1950

Dist. File 1050-2181

Date Filed 10-30-50

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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed B. L. Hamsefeld

Licensed Embalmer No. 3234

P. O. Address hickman road 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.