

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36009

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 311

0013  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SULLIVAN</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>KIRKSVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>1050</u> <u>GREEN CITY</u>	
c. LENGTH OF STAY (In this place) <u>4 MONTHS</u>		d. STREET ADDRESS (If rural, give location) <u>NO STREET ADDRESS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>COOLEY NURSING HOME</u> <u>GILCENNALEN ST</u>			

3. NAME OF DECEASED a. (First) <u>GOLDA</u> b. (Middle) <u>M.</u> c. (Last) <u>HELTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 14, 1950</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>NOV. 15, 1887</u>		9. AGE (In years last birthday) <u>62</u>		10. IF UNDER 1 YEAR: Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM HOME</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI D</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>WILLIAM DENNIS</u>		13b. MOTHER'S MAIDEN NAME <u>JANE FRY</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGE P. HELTON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GEORGE P. HELTON, GREEN CITY, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
		ANTECEDENT CAUSES (b) <u>Essential Hypertension</u>		<u>8 years</u>	
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 March 8, 1949, to November 6, 1950, that I last saw the deceased alive on November 6, 1950, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. D. Smith</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Green City, Mo</u>		23c. DATE SIGNED <u>Nov 16, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 17, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET CEMETERY, GREEN CITY, MO.</u>	
24d. LOCATION (City, town, or county) (State) <u>GREEN CITY, MO.</u>					

DATE REC'D BY LOCAL REG. <u>11-16-50</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Glenn E. Eastman, Green City, Mo.</u>	
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Date Received: NOV 22 1967  
DISTRICT HEALTH OFFICE #2  
District File Number 11-50-1967  
Date Filed: NOV 25 1967

**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 Karl R. Zint

Licensed Embalmer No. 4689

P. O. Address Gran 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.