

FILED FEB 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 934

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Bates</u>	
b. CITY OR TOWN <u>Clinton Mo.</u>	c. LENGTH OF STAY (In this place) <u>8 da.</u>	c. CITY OR TOWN <u>Rockville Mo. 0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u> b. (Middle) <u>Irma</u> c. (Last) <u>Huffman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8 - 1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr. 17 - 1871</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>In Home</u>	11. BIRTHPLACE (State or foreign country) <u>Roscoe Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Jacob Helmick</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Windsor</u>		14. NAME OF HUSBAND OR WIFE <u>Widowed</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fred Talbot</u> ADDRESS <u>Clinton City, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		DUE TO (b) <u>Coronary fibrosis and</u>			3 wh.
DUE TO (c) <u>posterior left ventricular infarction</u>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>1201</u>
19a. DATE OF OPERATION <u>2/8/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>no</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>←</u>		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) <u>2/8/51</u>		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 1-31, 1951, to 2/8/1951, that I last saw the deceased alive on 2/8, 1951, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. J. Powell D.S.</u>		23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>2/8/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-11-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 8 - 51</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		24d. LOCATION (City, town, or county) (State) <u>Appleton City Mo</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edith</u>		ADDRESS <u>Appleton City, Mo</u>	

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

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**RECEIVED** 2-13-51  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 2-13-51

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Oliver Eckhoff*

Licensed Embalmer No. 3942

P. O. Address *Appleton City, W.*

**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.