

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1476

FILED FEB 14 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (In this place) 40 yrs.		0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1514 Indiana		d. STREET ADDRESS (If rural, give location) 1514 Indiana	
3. NAME OF DECEASED (Type or Print) a. (First) Rosa		b. (Middle) May	
		c. (Last) HELTON	
		4. DATE OF DEATH (Month) (Day) (Year) Feb. 3, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 6, 1878
			9. AGE (In years last birthday) 72
			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
		10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (State or foreign country) Missouri
			12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME John Reavley		13b. MOTHER'S MAIDEN NAME Sarah Akers	
		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) ---	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Juanita Betz Villisca, Iowa	
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) Aortic Insufficiency ANTECEDENT CAUSES (b) Acute Endocarditis. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH 4214	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 3, 1951, to Feb 3, 1951, that I last saw the deceased alive on Feb 3, 1951, and that death occurred at 8:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. John W. Douglas, M.D.		23b. ADDRESS 210 W 32 St Joplin Mo. 2/4/51	
23c. DATE SIGNED 2/4/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 6, 1951	
		24c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery	
		24d. LOCATION (City, town, or county) (State) Joplin, Missouri	
DATE REC'D BY LOCAL REG. 2-6-51		REGISTRAR'S SIGNATURE By Robert Lemke, 138	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mort. Joplin, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 2-13-51

Jasper County Health Office

County File Number 51-2-110

Date Filed 2-13-51

1951 FEB 14 1951

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 Charles E. Frey

Licensed Embalmer No. 4768

P. O. Address Joplin, 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.