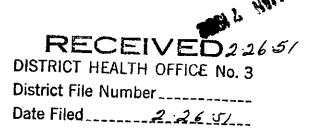
5, No.300	FLED FEB	27 1951	THE DIVISION OF HI STANDARD CERTI		State File No	4583					
v. 10.48	BIRTH NO REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 39										
0420	a. COUNTY	nry		a. STATE MUSSON	1 6 COUNTY /	eury.					
,	b. CITY (If outside cor OR TOWN	indsor	URAL and give c. LENGTH OF STAY (in this place	TOWN Winds	ts, write RURAL and give towns	0920					
RECORD	d. FULL NAME OF (If not in hospital or institution, give street address-or location) HOSPITAL OR INSTITUTION Community Hospital ADDRESS 201 W- Centler										
1	3. NAME OF DECEASED (Type or Print) (a. (First) PAULI	NE Reed	c. (Last) Helphrey		(Day) (Year) 20 1951					
PERMANENT	5. SEX Temale 6.	color or race	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Brackly)	8. DATE OF BIRTH / 9/5	9. AGE (In years) if UNDER leat birthday) Months	Days Hours Min.					
ERM	10a. USUAL OCCUPATION dope during most of working Shall Factor		10b. KIND OF BUSINESS OR IN	6. BIRTHPLACE (State or foreign	nty, Mo.	12. CITIZEN OF WHAT COUNTRY?					
◀	138. FATHER'S NAME Red 13b. MOTHER'S MATTOEN NAME 14. NAME OF HUSBAND OR WIFE Star Re Red Esther Drishell Clyd Helphr										
MAKE	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS (You. 100, or unknown) (If you, sive war or dates of activities) 493 20 3323 Clyde Helphrey Windson, Mo.										
	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean ANTECEDENT CAUSES MEDICAL CERTIFICATION MEDICAL CERTIFICATION ONSET AND DEATH ONSET AND DEATH										
CK											
BLA	as heart failure, asthenia, etc. It means the dis-										
DING	ease, injury, or complica- tion which caused death.	Conditions contri	FICANT CONDITIONS buting to the death but not use or condition causing death.			152X					
UNFADING	19a. DATE OF OPERA- TION		, MAJOR FINDINGS OF OPERATION								
USING 1	21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.		(COUNTY)	(STATE)					
Tusi	21d. TIME (Month) OF INJURY	(Day) (Year)	(Hour) 21e, INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY OCCUR	7						
AINLY.	22. I hereby certify alive on F	hat I attended	the deceased from 7.6. 1	3:00 pm., from the caus	es and on the date state	d above.					
:: :: :::::::::::::::::::::::::::::::	23a. SIGNATURE	da	(Degree or title)	23b. ADDRESS	r mo	23c. DATE SIGNED 2 - Z 257					
WRITE, C	24a. BUR AL. CRIMA TION, REJOVAL CHASE Buria	246. DATE 2-22-	51 Green R	RY OR CREMATORY 244. LO	en Riage, W	10.					
▶	DATE REC'D BY LOCAL	REGISTRAR'S	signature adam	Luston Jurs	er, Windso	y Mo.					
			(Licensed Embalmer's	Statement on Reverse Side)							



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side	e of this co	ertificate w	as embalm	ed by me, o	г by	p.
orking under my persona! supervision.	•	Student	Embalmer	No		
	1/3	1.	<u></u>	\neg		

Student Embalmer

Licensed Embalmer No. 4648

P. O. Address Windson, 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.