

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4583

State File No.

BIRTH NO.		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>4218</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u> b. CITY OR TOWN <u>Windsor</u> c. LENGTH OF STAY (in this place) <u>2 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> c. CITY OR TOWN <u>Windsor</u> d. STREET ADDRESS (If rural, give location) <u>207 W. Center</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAULINE</u> b. (Middle) <u>Reed</u> c. (Last) <u>Helphrey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 20 1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u>		8. DATE OF BIRTH <u>July 11, 1915</u>		9. AGE (in years last birthday) <u>35</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe factory employee</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>International Shoe</u>		12. BIRTHPLACE (State or foreign country) <u>Pettis County, Mo.</u>		13. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Reed</u>		13b. MOTHER'S M maiden NAME <u>Esther Driskell</u>		14. NAME OF HUSBAND OR WIFE <u>Clyde Helphrey</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>493 20 3373</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Helphrey, Windsor, Mo.</u>		18. ADDRESS <u>Windsor, Mo.</u>		19. MEDICAL CERTIFICATION	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Regenerating Malignancy</u> <u>at iliac fossa</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> <u>?</u> <u>152X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION: _____		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) (Min.) _____		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 <u>Feb 18</u> , 19 <u>51</u> , to <u>Feb 20</u> , 19 <u>51</u> , that I <u>attended</u> the deceased <u>alive on Feb 20 and 1951</u> , and that death occurred at <u>3:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Raymond Jordan</u>		23b. ADDRESS <u>Windsor, Mo.</u>		23c. DATE SIGNED <u>2-22-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-22-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Green Ridge, Mo.</u>		25. FUNDAL DIRECTOR'S SIGNATURE <u>Huston Turner, Windsor, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 22-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		4-22-51		ADDRESS <u>Windsor, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-26-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-26-51

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. _____

Student _____
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kinders, 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.