

S. No. 300
V. 10.48

FILED JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43929

BIRTH NO. <i>00000</i>		REG. DIST. NO. <i>43</i>		PRIMARY REG. DIST. NO. <i>3007</i>		Registrar's No. <i>1557</i>	
1. PLACE OF DEATH a. COUNTY <i>Butler 0/24</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Butler</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Poplar Bluff</i>		c. LENGTH OF STAY (In this place) <i>10 days</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Poplar Bluff 0/24</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Poplar Bluff Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>702 Park</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>BETTY</i>			b. (Middle) <i>EILEEN</i>		c. (Last) <i>HELTON</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>12/29/1951</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <i>Never Married</i>		8. DATE OF BIRTH <i>12/19/1951</i>		9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (State or foreign country) <i>Poplar Bluff, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13a. FATHER'S NAME <i>Lawrence Helton, Jr.</i>		13b. MOTHER'S MAIDEN NAME <i>Myrle Coleman</i>		14. NAME OF HUSBAND OR WIFE <i>None</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Lawrence Helton, Jr. Poplar Bluff,</i>			
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 <i>Rematery</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Unknown (Twin)</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>774X</i>				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 <i>22 Dec 1951</i> to <i>29 Dec 1951</i> , that I last saw the deceased alive on <i>28 Dec 1951</i> , and that death occurred at <i>2:00 A. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>W. H. Johnson MD</i>				23b. ADDRESS <i>Poplar Bluff, Missouri</i>		23c. DATE SIGNED <i>9 Jan 52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>12/29/1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Poplar Bluff, Missouri</i>		
DATE REC'D BY LOCAL REG. <i>Jan. 10, 1952</i>		REGISTRAR'S SIGNATURE <i>Wm. H. Johnson</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Greer Croy & Fitch Poplar Bluff, Mo.</i>			

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

PROCKENSON

RECEIVED
JAN 15 1952

BUTLER CO. HEALTH CENTER

FILE No. 152-23

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.