

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **487**

FILED JAN 21 1952

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 22	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (in this place) 14 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		01640	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location) Beech Street			
3. NAME OF DECEASED (Type or Print) a. (First) Silas			b. (Middle) Malford		c. (Last) Helderman		4. DATE OF DEATH (Month) (Day) (Year) Jan. 11, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 1, 1891	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR (Month) (Day)	IF UNDER 24 HRS. (Hours) (Min.) 10 10
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Fruit Dealer		10b. KIND OF BUSINESS OR INDUSTRY Fruit Dealer		11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Helderman			13b. MOTHER'S MAIDEN NAME Sarah Ann Autry		14. NAME OF HUSBAND OR WIFE Pearl McGraw HELDERMON		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pearl Helderman - Cape Girardeau Mo			
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) Pulmonary Embolism. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Jaundice Right leg. 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 5 1/2 hrs. 2 wks.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Gangrene Right leg & thigh - thigh amputation				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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4501			
22. I hereby certify that I attended the deceased from 1-1 , 19 52 , to 1-11 , 19 52 , that I last saw the deceased alive on 1-11 , 19 52 , and that death occurred at 6 AM. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank Hall M.D.				23b. ADDRESS Cape Girardeau, Mo		23c. DATE SIGNED 1-16-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-14-52		24c. NAME OF CEMETERY OR CREMATORY Fairmount		24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.	
DATE REC'D BY LOCAL REG. 1-16-52		REGISTRAR'S SIGNATURE C. C. Summers		44-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. J. Lohy Cape Girardeau, Mo.	

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

01640

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

C. J. Loring

Licensed Embalmer No.

3810

P. O. Address

Cape Girardeau, 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.