

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1295  
73

FILED JAN 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> <u>four days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>WORLAND</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8408 FLORA AVENUE</u>		d. STREET ADDRESS (If rural, give location) <u>-</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MELVIN</u> b. (Middle) <u>HISTER</u> c. (Last) <u>HELTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-7-1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC-14-1895</u>	9. AGE (In years last birthday) <u>57-10</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED - 11 YEARS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COAL MINER</u>	11. BIRTHPLACE (State or foreign country) <u>KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JACKSON HELTON</u>	13b. MOTHER'S MAIDEN NAME <u>RACHAEL FALLI'S</u>	14. NAME OF HUSBAND OR WIFE <u>MINERVA HELTON</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS. MINERVA HELTON 8408 FLORA AVE. KANSAS CITY, MO</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Lymphatic Leukemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>over 1 1/2 yrs</u>  <u>2010</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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)	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 9-14, 1950, to 1-7, 1952, that I last saw the deceased alive on 1-6, 1952, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack E. Schirmacher MD</u>	23b. ADDRESS <u>320 West 47<sup>th</sup> St</u>	23c. DATE SIGNED <u>1-7-52</u>
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24a. BURIAL CREMATION (Specify) <u>BURIAL</u>	24b. DATE <u>JAN-7-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>-</u>	24d. LOCATION (City, town, or county) (State) <u>RICH HILL MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>1-7-52</u>	REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>W.H. Newcomer's Sons 1331 BASH CREEK KANSAS CITY, MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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. ....

Signed

*Albert L. Savage*

Signed: .....

Student Embalmer

Licensed Embalmer No. *4812*

P. O. Address *Kansas City, 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.