

FEB 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4467

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5370 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Daviess			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union Township		c. LENGTH OF STAY (in this place) 6 Months	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pattonsburg 0310		
d. FULL NAME OF HOSPITAL OR INSTITUTION Daviess Co. Convalescent Home			d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED a. (First) Edward b. (Middle) Willis c. (Last) Helms			4. DATE OF DEATH (Month) (Day) (Year) Feby. 15 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 3 1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Own Business		11. BIRTHPLACE (State or foreign country) Missouri 0	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Helms		13b. MOTHER'S MAIDEN NAME Mary Holt	
14. NAME OF HUSBAND OR WIFE Lillie Viola Helms (Dec'd)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, except unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Earl Harmon, Pattonburg, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		19. INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Vascular Cardio-Renal Disease		ANTECEDENT CAUSES Morbid 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) 442X	
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 <u>Jan</u> , 1952, to <u>Feb. 15</u> , 1952, that I last saw the deceased alive on <u>Feb. 14</u> , 1952, and that death occurred at <u>7 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Floyd E. Nelson, M.D.		23b. ADDRESS Gallatin, Mo.		23c. DATE SIGNED 2-16-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-17-1952		24c. NAME OF CEMETERY OR CREMATORY Civil Bend Christian	
24d. LOCATION (City, town, or county) (STATE) Daviess Co. Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home		ADDRESS Gallatin, Mo.	
DATE REC'D BY LOCAL REG. 21 Febr. 1952		REGISTRAR'S SIGNATURE Regina M. Engelhart		25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home	

(Licensed Embalmer's Statement on Reverse Side)

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

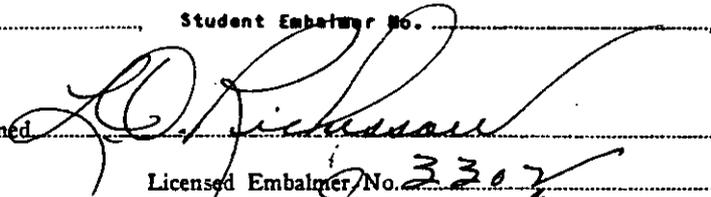
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 3307

P. O. Address Fall River, Mass.

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.