No. 300
10.48

FILED MAY 13 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 12368

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 56

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

**1. PLACE OF DEATH**
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EXCELSIOR SPRINGS
c. LENGTH OF STAY (in this place): 1 WEEK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 244½ E. BROADWAY

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: CALIFORNIA
b. COUNTY: LOS ANGELES
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ALHAMBRA 8640
d. STREET ADDRESS (If rural, give location): 502 N. CHAPEL AVE.

**3. NAME OF DECEASED** (Type or Print)
a. (First): TAAVI
b. (Middle):
c. (Last): HELSKE

**4. DATE OF DEATH** (Month) (Day) (Year): APRIL 14, 1952

**5. SEX**: MALE 0
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): WIDOWED 2
**8. DATE OF BIRTH**: 1878
**9. AGE** (In years last birthday): 73 OR 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): UNK
**10b. KIND OF BUSINESS OR INDUSTRY**: UNK
**11. BIRTHPLACE** (State or foreign country): UNK 9
**12. CITIZEN OF WHAT COUNTRY?**: UNK

**13a. FATHER'S NAME**: UNK
**13b. MOTHER'S MAIDEN NAME**: UNK
**14. NAME OF HUSBAND OR WIFE**: UNK

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): UNK (If yes, give war or dates of service): - - -
**16. SOCIAL SECURITY NO.**: UNK
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: BALL CLINIC RECORDS, EX. SPGS, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

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**: 4201
**20. AUTOPSY?** YES ☐ NO ☑

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): O. S. Pate M.D. (Coroner) 3
**23b. ADDRESS**: North Kansas City Mo
**23c. DATE SIGNED**: 4/16/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): REMOVAL 4
**24b. DATE**: 4-15-52
**24c. NAME OF CEMETERY OR CREMATORY**: UNK
**24d. LOCATION** (City, town, or county) (State): KANSAS CITY, MISSOURI

**DATE REC'D BY LOCAL REG.**: 4/15/52
**REGISTRAR'S SIGNATURE**: Caroline Hutchings 62 1
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Claude Prichard, Excelsior Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 14 1962

## 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 Lindell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.