

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24490

State File No. \_\_\_\_\_

3048

FILED AUG 4 1952

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		d. STREET ADDRESS 541 1/2 Walnut 3028	

3. NAME OF DECEASED (Type or Print) William	a. (First)	b. (Middle)	c. (Last) Helm	4. DATE OF DEATH (Month) (Day) (Year) 6 - 28 - 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3-17-1882	9. AGE (In years last birthday) 72 70	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during year of working life, even if retired) Pensioner	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) R.C. Kan. 1	12. CITIZEN OF WHAT COUNTRY U.S.
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13. FATHER'S NAME Robert F. Helm	13b. MOTHER'S MAIDEN NAME Amelia Carlue	14. NAME OF HUSBAND OR WIFE None
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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 "UNK." NO.	17. INFORMANT'S SIGNATURE OR NAME R.H. Davis	ADDRESS 744 Barnett R.C. Kan.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		
	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.		0027	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-24 10:25<sup>52</sup> A, to 6-28 1952, that I last saw the deceased alive on 6-28, 1952, and that death occurred at 10:25<sup>52</sup> m., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns MD (Degree or title)	23b. ADDRESS General Hospital No. 1	23c. DATE SIGNED 6-28-52
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24a. BURIAL, CREMATION REMOVAL (Specify) Cremation	24b. DATE 7-3-52	24c. NAME OF CEMETERY OR CREMATORY Elmwood	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 7-4-52	REGISTRAR'S SIGNATURE Geraldine Halmes	25. FUNERAL DIRECTOR'S SIGNATURE B. C. Weibull	ADDRESS R.C. Mo.
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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. 45-8

Signed George E. Gueney Sr.  
Student Embalmer

Signed B. C. Weiland

Licensed Embalmer No. 4075

P. O. Address K.C. 8, 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.