

REC'D AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25043

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5700 Registrar's No. 1070596

| | | | |
|---|------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Livingston 0510 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grand River Twp. c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY Livingston c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grand River Township d. STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Rolk b. (Middle) RAY c. (Last) Helm | | 4. DATE OF DEATH (Month) (Day) (Year) July 26-1952 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH July 27-1891 |
| 9. AGE (If years last birthday) 60 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electician | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Hale Missouri |
| 12. CITIZENSHIP OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME James Selby Helm | |
| 13b. MOTHER'S MAIDEN NAME Nancy H. Dye | | 14. NAME OF HUSBAND OR WIFE Mimi Beatrice Curwater | |
| 15. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. 506-01-0870 | 17. INFORMANT'S SIGNATURE OR NAME Mimi Curwater |
| 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. | | 19. DATE OF OPERATION | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21. HOW DID INJURY OCCUR? 4201 | |
| 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 7-29, 1952, to 7-26, 1952, that I last saw the deceased alive on 7-26, 1952, and that death occurred at 1:30 A.M., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Dr. Alvin A. Walsh II D.O. | | 23b. ADDRESS Hale Mo | |
| 23c. DATE SIGNED 7-28-52 | | 24. LOCATION (City, town, or county) (State) Near Hale, Monroe Mo | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7-28-52 | |
| 24c. NAME OF CEMETERY OR CREMATORY Hale Cemetery | | 24d. LOCATION (City, town, or county) (State) Near Hale, Monroe Mo | |
| DATE REC'D BY LOCAL REG. 7-28-52 | | REGISTRAR'S SIGNATURE Frances B. Neill | |
| 25. FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS Ernest E. Slater Hale Mo. | |

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

AUG 18 1952

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

Frank E. Slater

Licensed Embalmer No. 937

P. O. Address Hale 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.