

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31659  
3831

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

SEP 20 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City (Mission Hills)</u>	
c. LENGTH OF STAY (in this place) <u>29 days</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2340 Guilford Lane</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>C.</u> c. (Last) <u>HELMERS</u>	4. DATE OF DEATH (Month) <u>August</u> (Day) <u>28</u> , (Year) <u>1952</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 14, 1879</u>	9. AGE (In years last birthday) <u>72</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 10 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Furnishing Industry Helmert's Mfg. Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry John Helmers</u>	13b. MOTHER'S MAIDEN NAME <u>Pauline Christel</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Helmers</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>486-01-0177</u>	17. INFORMANT'S SIGNATURE OR NAME KC MO. ADDRESS <u>Mrs. Elizabeth Helmers, 2340 Guilford Lane,</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>1947</u> <u>1948</u> <u>1948</u>
	ANTECEDENT CAUSES (b) <u>Prostate</u> <u>Benign Carcinoma - Prostate</u>		
	Morbid conditions, if any, giving rise to the above cause (or which the underlying cause last due to) (c) <u>"</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>1948</u>

19a. DATE OF OPERATION <u>1947</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adeno Carcinoma Prostate</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 6/5/50 to 8-28-52, 1952 that I last saw the deceased alive on 8-28-52, 1952, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. V. Bell</u>	(Deceased's Title) <u>MD</u>	23b. ADDRESS <u>209 of Plaza Lincoln</u>	23c. DATE SIGNED <u>8-28-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8/30/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Muncie Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Leavenworth, Kansas</u>
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DATE REC'D BY LOCAL REG <u>8-29-52</u>	REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE &amp; McCLURE, Kansas City, Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. J. U. Boyd*  
*411 Nichols P.O.*

*11. 20*

**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 *Eugene J. Kerner*.....

Licensed Embalmer No. *4633*.....

P. O. Address *St. Louis, 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.