

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 131357

FILED JAN 22 1953

BIRTH NO. REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5578 Registrar's No.

490

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where last lived; if institution, residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin (in Joplin Twp)		c. CITY (If outside corporate limits, write RURAL and give township) Joplin (in Joplin Township)	
c. LENGTH OF STAY (in this place) 36 Yrs		d. STREET ADDRESS (If rural, give location) 2518 Trenton	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2518 Trenton			

3. NAME OF DECEASED (Type or Print)	a. (First) Anna	b. (Middle) Lena	c. (Last) Helm	4. DATE OF DEATH (Month) (Day) (Year) January 14, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH April 29, 1890	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 8 Days 15	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher	10b. KIND OF BUSINESS OR INDUSTRY Teacher	11. BIRTHPLACE (State or foreign country) Parsons, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edwin Thomas Helm	13b. MOTHER'S MAIDEN NAME Ella Rebecca Pratt	14. NAME OF HUSBAND OR WIFE Single
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 499-24-4800	17. INFORMANT'S SIGNATURE OR NAME Lucinda Florence Helm, Joplin, Mo	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute dilatation of heart		1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myo-cardatis DUE TO (c) Influenza		20 years
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"/>
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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) (Min.)	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 Jan. 13, 1953, to Jan. 14, 1953, that I last saw the deceased alive on Jan. 14, 1953 and that death occurred at 4:52a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. [Signature]	23b. ADDRESS Webb City, Missouri	23c. DATE SIGNED 1/15/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-17-53	24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Missouri
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DATE REC'D BY LOCAL REG. 1/16 1953	REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE Hedge-Lewis Webb City, Mo	ADDRESS
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RECEIVED 1-19-53

Jasper County Health Office

County File Number 53/1/53

Date Filed 1-20-53

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 Leonard J. Lewis, Jr.

Licensed Embalmer No. 4561

P. O. Address Webb City, 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.