

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 16 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 252

0396  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>GREENE</b>	
b. CITY OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1030 W. SCOTT</b>		d. STREET ADDRESS (If rural, give location) <b>1030 W. SCOTT</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNIE</b>		b. (Middle) <b>E.</b>	
		c. (Last) <b>HELBIG.</b>	
		4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 9, 1953</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JUNE 15 1868</b>
9. AGE (In years last birthday) <b>84</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ELKHART, INDIANA</b>
10a. USUAL OCCUPATION (Give kind of work done during course of working life, even if retired) <b>HOME</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>MARTIN PIEPER</b>		13b. MOTHER'S MAIDEN NAME <b>MARIE HOFFELT</b>	
14. NAME OF HUSBAND OR WIFE <b>X</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>JOHN A. HELBIG</b>		ADDRESS <b>SPFLD, MO.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Dis.</b>  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 <b>4200</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <u>July 9, 1946</u> , to <u>May 9, 1953</u> , that I last saw the deceased alive on <u>May 5, 1953</u> , and that death occurred at <u>8:30a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>H.P. Mooney M.D.</b>		23b. ADDRESS <b>Springfield, Mo.</b>	
23c. DATE SIGNED <b>3/10/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3/12/53</b>	
24c. NAME OF CEMETERY OR CREMATOR <b>ST. MARY CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>	
DATE REC'D BY LOCAL REG. <b>3-11-53</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>H.H. LOHMEYER</b>		ADDRESS <b>SPRINGFIELD, MO.</b>	

MAR 24 1953

**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

*Paul Lohmeyer*

Licensed Embalmer No. *4734*

P. O. Address *Spfel, 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.