

FILED MAY 21 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17197

State File No. 81191  
Registrar's No. 1191

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3009

1. PLACE OF DEATH a. COUNTY <u>Butler 0124</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Kilgore town.</u>	
c. LENGTH OF STAY (In this place) <u>1 hour</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1, Corning</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELLEN</u>	b. (Middle) <u>LAVON</u>	c. (Last) <u>Helms</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 30, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>July 31, 1938</u>	9. AGE (In years last birthday) <u>14</u> If under 1 year: Months <u>8</u> Days <u>30</u> If under 24 hrs. Hours <u>  </u> Min. <u>  </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Helms</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Holland</u>	14. NAME OF HUSBAND OR WIFE <u>Never married</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Helms</u>	ADDRESS <u>Rt. 1 Corning, Ark.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crushed Chest + abdomen</u>		
	DUE TO (c) <u>E8254 33</u>		
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 <u>803</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kilgore Sarp. Clay Ark</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 30 - 53 11:55 A</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11:54 m., from the causes and on the date stated above.

23a. SIGNATURE <u>George W. Green</u>	(Degree or title) <u>Owner Poplar Bluff mo</u>	23b. ADDRESS	23c. DATE SIGNED <u>5/3/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>May 3, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hitt Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clay County, Ark.</u>
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DATE REC'D BY LOCAL REG. <u>5/11/53</u>	REGISTRAR'S SIGNATURE <u>R. H. Menetrel</u>	489	25. FUNERAL DIRECTOR'S SIGNATURE <u>Blacks Mortuary, Corning, Ark.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAY 18 1953

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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**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 \_\_\_\_\_

*Roman J Selig Jr.*

Licensed Embalmer No. \_\_\_\_\_

*562*

P. O. Address \_\_\_\_\_

*Corning, N.Y.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.