No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 17 1953

State File No. 31456

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5429 Registrar's No. 7 1

360 1

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

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL BOONE
c. LENGTH OF STAY (in this place): 1 YR.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL BOONE 0860
d. STREET ADDRESS (If rural, give location): R.R. 1 BOURBON, MO

3. NAME OF DECEASED (Type or Print)
a. (First): LOUIS
b. (Middle): JOSEPH
c. (Last): HELM

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 5, 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MARCH 17, 1872
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: _____
11. BIRTHPLACE (City and State or Foreign Country): DETRIOT, MICH
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: ANDREW HELM
13b. MOTHER'S MAIDEN NAME: ~~UNKNOWN~~ CAROLINE SMITH
14. NAME OF HUSBAND OR WIFE: FLORENCE HELM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: EDWARD HELM ST. LOUIS, MO

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): advanced arteriosclerosis
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: 332X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 20, 1952, *to* Sept. 5, 1953, *that I last saw the deceased alive on* Sept. 5, 1953, *and that death occurred at* 11:20 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald H. Scott D.O.
23b. ADDRESS: Sullivan
23c. DATE SIGNED: 9-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9/8/53
24c. NAME OF CEMETERY OR CREMATORY: OLD ARGO CEMETERY
24d. LOCATION (City, town, or county) (State): BOURBON MO

DATE REC'D BY LOCAL REG.: 9/7/53
REGISTRAR'S SIGNATURE: G. L. Mallinson 95-9
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: H. M. Eaton Sullivan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Sullivan, 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.