

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**36956**

State File No. \_\_\_\_\_

FILED OCT 26 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6073 Registrar's No. 355

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Francois</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside city limits, write RURAL and give township) OR TOWN <u>East Bonne Terre RI</u>		c. CITY OR TOWN <u>East Bonne Terre</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <u>R1 East Bonne Terre</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>R1 East Bonne Terre</u>		0948	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Enos</u> b. (Middle) <u>Ezra</u> c. (Last) <u>Helderman</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Oct. 22, 1953</u>		
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>May 12, 1891</u>	<b>9. AGE</b> (In years last birthday) <u>62</u>	<b>IF UNDER 1 YEAR</b> Months <u>5</u> Days <u>10</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>None</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Buffordsville, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>Marshal S. Helderman</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Louisana Smith</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lulu Alma Helderman</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Lulu Alma Helderman, E. Bonne Terre</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 yrs</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Permissive Anemia</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c)		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Nov, 1951, to Oct-22, 1953, that I last saw the deceased alive on Oct-22, 1953, and that death occurred at 10:30 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>N.L. Evans MD</u>	<b>23b. ADDRESS</b> <u>Bonne Terre Mo</u>	<b>23c. DATE SIGNED</b> <u>10-23-53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Oct. 24 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>DeGuire Chapel</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Buffordsville, Missouri</u>
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<b>DATE REC'D BY LOCAL REG</b> <u>Oct. 24, 1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Ether Rudloff</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Cozean Funeral Home, Farmington, Mo.</u>	<b>ADDRESS</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. *40*

P. O. Address *Farmingdale*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.