

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38533**

FILED NOV 20 1953

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY Clay			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Webster		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs, Mo.			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rogersville		
c. LENGTH OF STAY (in this place) 14 mos. 12 days			d. STREET ADDRESS (If rural, give location) Route-2		
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital Excelsior Springs, Missouri					

3. NAME OF DECEASED (Type or Print) a. (First) Eldon b. (Middle) D c. (Last) Helms			4. DATE OF DEATH (Month) (Day) (Year) October 6 1953		
--	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH November 1, 1922	9. AGE (In years last birthday) 30	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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Hamilton, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	---	--

13a. FATHER'S NAME Floyd E. Helms	13b. MOTHER'S MAIDEN NAME Pearl Baker	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II	16. SOCIAL SECURITY NO. 523 18 0834	17. INFORMANT'S SIGNATURE OR NAME VA Hospital records	ADDRESS
---	--	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary hemorrhage		DUE TO (b) Tuberculosis, pulmonary, chronic, far advanced, active.		5 min.
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		6 yrs.
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"/>
------------------------	----------------------------------	--

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 July 24, 1952, to Oct. 6, 1953, that ~~death occurred~~ and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Roy E. Smith (Degree or title) ROY E. SMITH, M.D.	23b. ADDRESS Excelsior Springs, Mo.	23c. DATE SIGNED 10-7-53
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10/8/53	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Springfield Mo.
--	--------------------------	---	--

DATE REC'D BY LOCAL REG. 10-21-53	REGISTRAR'S SIGNATURE Caroline Hutchings	25. FUNERAL DIRECTOR'S SIGNATURE Wood-Bailey	ADDRESS Orrick Mo.
--	---	---	---------------------------

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

MS 1000 210

JUL 2 1954

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 James A. Moles
Licensed Embalmer No. 3296

P. O. Address Exp Springs 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.