

FILED DEC 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39498

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>7330</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBB CITY</u>		c. LENGTH OF STAY (in this place) LIFE TIME		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBB CITY</u>		d. STREET ADDRESS (If rural, give location) <u>915 WEST THIRD ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>915 WEST THIRD ST</u>				d. STREET ADDRESS (If rural, give location) <u>915 WEST THIRD ST</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HATTIE</u>	b. (Middle) <u>MAY</u>	c. (Last) <u>HELTZELL</u>	4. DATE (Month) (Day) (Year) OF DEATH <u>DECEMBER 3 1953</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>NOVEMBER 16, 1877</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM HORNBACK</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH MCMECHAN</u>		14. NAME OF HUSBAND OR WIFE <u>J.W. HELTZELL</u>			
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 ADDRESS <u>MRS HENRY KIRBY S. GREENFIELD, MO</u>			
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					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart block.</u>					<u>2 hrs.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					<u>2 mo.</u>
		DUE TO (b) <u>Arteriosclerosis</u>					<u>5 yrs</u>
		DUE TO (c) <u>Coronary sclerosis</u>					<u>5 yrs</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>Hypertension</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					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) (Min.)		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>June</u> , 19 <u>50</u> , to <u>12-3</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-1</u> , 19 <u>53</u> , and that death occurred at <u>7:15 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm Ferguson MD</u>				23b. ADDRESS <u>Webb City Mo</u>		23c. DATE SIGNED <u>12/4/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-6-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FASKEN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>NORTH EAST CARTHAGE MO</u>	
DATE REC'D BY LOCAL REG. <u>12-5-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO</u>			

RECEIVED DEC 7 1953

Jasper County Health Office

County File Number 23-12-997

Date Filed DEC 7 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 Richard Gray Lewis

Licensed Embalmer No. 4403

P. O. Address Webb City

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.