

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40587

State File No.

11150

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis Mo</i>		a. STATE <i>Illinois</i>	b. COUNTY <i>Shelby 8120</i>
c. LENGTH OF STAY (In this place) <i>53 days</i>		c. CITY OR TOWN <i>Findlay</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>BARNES Hospital</i>			
e. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Katherine</i>	b. (Middle) <i>Pearl</i>	c. (Last) <i>Helton</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>11-22-53</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 10, 1885.</i>	9. AGE (In years last birthday) <i>68.</i>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>At Home.</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Illinois. /</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>William Wallace</i>	13b. MOTHER'S MAIDEN NAME <i>Elizabeth Blue</i>	14. NAME OF HUSBAND OR WIFE <i>Samuel Helton</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>Nil.</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Arthur E. Helton,</i>	ADDRESS <i>Charleston, Ill.</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchial Pneumonia</i>		<i>3 weeks</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Carcinoma of breast with metastases</i> DUE TO (c) <i>Addisonian crisis post op. adrenalectomy</i>		<i>7 1/2 yrs</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>9 weeks</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>170X</i>
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22. I hereby certify that I attended the deceased from *10-1-1953*, to *11-22-1953*, that I last saw the deceased alive on *11-22-1953*, and that death occurred at *2:35A* m., from the causes and on the date stated above.

23a. SIGNATURE <i>FR Pradey</i>	(Degree or title) <i>M.D.</i>	23b. ADDRESS <i>St. Louis, Missouri</i>	23c. DATE SIGNED <i>11-22-53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>11-22-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Windsor Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Windsor, Illinois.</i>
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DATE REC'D BY LOCAL REGISTRY <i>NOV 24 1953</i>	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	2. FUNERAL DIRECTOR'S SIGNATURE <i>Albert H. Hoppe,</i>	ADDRESS <i>4700 Washington</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS
MAR 21 1960

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 *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.