

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **341**
 FILED FEB 15 1954 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Washington</u> c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY OR TOWN <u>St. Joseph</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. # 6, St. Joseph</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D. # 6, Washington Twsp</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>ELIAS</u> c. (Last) <u>HELPERY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 9 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-4-1878</u>
9. AGE (In years) (Month) (Day) (Year) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Buchanan Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John E. Helpery</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah W. Pierson</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Helpery</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 <u>Bessie Helpery, R.F.D. # 6,</u>		ADDRESS <u>St. Joseph, Mo.</u>	
18. CAUSE OF DEATH PER LINE FOR (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>331X</u>	
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 <u>2-7</u> , 19 <u>54</u> , to <u>2-9</u> , 19 <u>54</u> that I last saw the deceased alive on <u>2-8</u> , 19 <u>54</u> and that death occurred at <u>7:45P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. John Hartsock</u> (Degree or title)		23b. ADDRESS <u>St. Joseph, Mo. 926 Edmond</u>	
23c. DATE SIGNED <u>2-10-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-12-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Fraizer, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Fraizer, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb 12, 1954</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> 485	
FUNERAL DIRECTOR'S SIGNATURE <u>John E. Rupp</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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. 39

P. O. Address St. Jose

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.