

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

State File No. **4468**

FILED MAR 1 1954

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 37

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution)	
a. COUNTY Franklin.	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington.	a. STATE Missouri.	b. COUNTY Franklin.
c. LENGTH OF STAY (in this place) 9 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital.		d. STREET ADDRESS (If rural, give location) 713 S. Jefferson St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Martin	b. (Middle) A.	c. (Last) Hellmann	4. DATE OF DEATH (Month) (Day) (Year) Feb. 21st, 1954.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Single.	8. DATE OF BIRTH Dec. 13, 1879.	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 2 Days 8	IF OVER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic.	10b. KIND OF BUSINESS OR INDUSTRY Garage.	11. BIRTHPLACE (City and State or Foreign Country) Washington, Mo. R. #1 E.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Conrad Hellmann.	13b. MOTHER'S MAIDEN NAME Catherine Narup.	14. NAME OF HUSBAND OR WIFE X
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. 488-34-3958	17. INFORMANT'S SIGNATURE OR NAME Joseph Hellmann, Sr.	ADDRESS Washington, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Not determined		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterio sclerosis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 13, 1954 to Feb 21, 1954, that I last saw the deceased alive on Feb 20, 1954, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS Washington Mo	23c. DATE SIGNED 2-22-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 23, 1954.	24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery,	24d. LOCATION (City, town, or county) (State) Villa Ridge, Mo. R.F.D. Mo.
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DATE REC'D BY LOCAL REG. 2/22/54	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE 99-0 [Signature]	ADDRESS Washington, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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

Lester A. Witt
Licensed Embalmer No. *3754*

P. O. Address *Washington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.