

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21927

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>4552</u>		Registrar's No. <u>131</u>	
1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WRIGHT</u>			
b. CITY OR TOWN <u>MTN. GROVE</u>		c. LENGTH OF STAY (in this place) <u>3 YRS</u>		c. CITY OR TOWN <u>MTN. GROVE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WALL STREET 300</u>				e. STREET ADDRESS (If rural, give location) <u>WALL STREET 114</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES, A.</u> b. (Middle) <u>Helvey</u> c. (Last) <u>Helvey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 18 1954</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT. 4, 1882</u>	
9. AGE (In years last birthday) <u>71-7</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COOK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COOK</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LEWIS STATION MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>WILLIAM CHARLES HELVEY</u>		13b. MOTHER'S MAIDEN NAME <u>ANGELINE HAYS</u>		14. NAME OF HUSBAND OR WIFE <u>ANNIE LOUISE STONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>471-10-2877</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Corinne Helvey</u> ADDRESS <u>Wright</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis & Decompensation</u> MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-Renal-Vascular disease</u> DUE TO (c) <u>Pituitary adenoma</u>					INTERVAL BETWEEN ONSET AND 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) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>442 X</u>			
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?			
22. I hereby certify that I attended the deceased from <u>Nov -</u> , 19 <u>53</u> , to <u>June 18, 1954</u> , that I last saw the deceased alive on <u>June 18, 1954</u> , and that death occurred at <u>7:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Richard H. Hatcher DO</u>				23b. ADDRESS <u>Mtn Grove, Mo.</u>		23c. DATE SIGNED <u>6-19-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-21-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HILLCREST</u>		24d. LOCATION (City, town, or county) (State) <u>Mtn. Grove Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-22-54</u>		REGISTRAR'S SIGNATURE <u>A.B. Ames</u> <u>348-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Barber</u> ADDRESS <u>Mtn. Grove</u>			

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

County File Number 754-22
Date Filed 7-3-84

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 R. E. Barber

Licensed Embalmer No. 38

P. O. Address Mt. 17

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.