

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5524 Registrar's No. 32

04 20

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

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Jordan Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Jordan Township</u>	
c. LENGTH OF STAY (in this place) <u>32 years</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles S.E. Cross Timbers</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles S.E. Cross Timbers</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Henry</u> c. (Last) <u>Helmig</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 17-1954</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>JAN. 12-1871</u>		9. AGE (In years last birthday) <u>83</u>		10. MONTHS <u>6</u> DAYS <u>5</u> HOURS <u>1</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>		11. BIRTHPLACE (State or foreign country) <u>Kerry Co. Ill</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Charles Helmig</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Mrazantakha</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Helmig</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Helmig - Cross Timbers Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Prostatian</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Chronic Bronchitis</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing 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)		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 June 20, 1952, to July 17, 1954, that I last saw the deceased alive on July 17, 1954, and that death occurred at 5:05 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. E. Briggs, D.O.</u>		23b. ADDRESS <u>2 Wheatland, Mo.</u>		23c. DATE SIGNED <u>July 19 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>		24b. DATE <u>July 20 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ever Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Cross Timbers Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Hathaway</u> ADDRESS <u>Wheatland, Mo</u>			
DATE REC'D BY LOCAL REG. <u>7-20-1954</u>		REGISTRAR'S SIGNATURE <u>Mary Johnson</u>		4645	

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 *Chas Gilbert Hathaway*

Licensed Embalmer No. *4267*

P. O. Address *Waltham, MN.*

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.