

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

me Kunny
State File No. 23332

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 951

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission) a. STATE Kansas b. COUNTY Cherokee	
b. CITY OR TOWN John	c. LENGTH OF STAY (in this place) 1 yr.	c. CITY OR TOWN Baxter Spgs.	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 St. John Hospital		e. STREET ADDRESS (If rural, give location) 408 Cleveland St	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) B	c. (Last) Helton	4. DATE OF DEATH (Month) (Day) (Year)	7-21-54
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5. SEX male	6. COLOR OR RACE white	7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Mar 9 - 1910	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months Days	IF UNDER 1 WRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during greatest part of year (even if retired)) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Scott City, Kans.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Robert Helton	13b. MOTHER'S MAIDEN NAME Myrtle Bowes	14. NAME OF HUSBAND OR WIFE
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15. WAS CEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Harold Helton	ADDRESS Baxter Spgs.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Polycythemia vera		INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown DUE TO (c) ?		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. cerebral palsy		

19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) (m)	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) no	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 July 16, 1954, to July 19, 1954, that I last saw the deceased alive on _____, 19____, and that death occurred at 8 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. McRinn	23b. ADDRESS Baxter Spgs. Mo.	23c. DATE SIGNED 7-21-54
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	24b. DATE 7-21-54	24c. NAME OF CEMETERY OR CREMATORY Scott City Cemetery	24d. LOCATION (City, town, or county) (State) Scott City, Kans.
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DATE REC'D BY LOCAL REG. 7-22-54	REGISTRAR'S SIGNATURE 1602 D. Jensen	25. FUNERAL DIRECTOR'S SIGNATURE Lane Wene	ADDRESS Baxter Spgs.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 26 1955
Jasper County Health Office
County File Number 54-7-6
Date Filed JUL 26 1955

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 Wene Funeral Home, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Lane Wene

Licensed Embalmer No. 288
P. O. Address Bayton St.

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.