

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28641

FILED AUG 26 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 6828 Registrar's No. 31

0900

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

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Lester</u> c. LENGTH OF STAY (in this place) <u>10 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>own home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Reynolds</u> c. CITY OR TOWN <u>Lester</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>4 mi. NW of Lester</u>	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Henry</u> c. (Last) <u>Helsey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 25 1954</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Spell it) <u>married</u>	8. DATE OF BIRTH <u>April 1, 1868</u>
9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>24</u> IF UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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>Farming</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Reynolds</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Helsey</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Duffy</u>	
14. NAME OF HUSBAND OR WIFE <u>Suey Elizabeth Helsey</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>Fanny Emmel - Ellington</u>	
18. ADDRESS <u>331 X</u>		19. ADDRESS <u>331 X</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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)		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>June 23 1954</u>, to <u>June 26 1954</u>, that I last saw the deceased alive on <u>June 24, 1954</u>, and that death occurred at <u>8:00 A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>E. M. Fitzpatrick M.D.</u>		23b. ADDRESS <u>Lester, Mo.</u>	
23c. DATE SIGNED <u>8/15/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>June 28 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Phonant Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Reynolds County</u>		25. FURNAL DIRECTOR'S SIGNATURE <u>Chas S. Cant</u>	
DATE REC'D BY LOCAL REG. <u>8/15/54</u>		REGISTRAR'S SIGNATURE <u>E. M. Fitzpatrick</u>	
25. FURNAL DIRECTOR'S ADDRESS <u>Ellington, Mo</u>		(Licensed Embalmer's Statement on Reverse Side)	

Received 8-24

Reynolds County H

File No. 854 -

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 *Chas. S. Smith*.....

Licensed Embalmer No. 4527

P. O. Address Ellington, Mo.

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.