

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1159

State File No. 203

FILED FEB 1 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Pleasant Hill</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>1 day</b>		e. STREET ADDRESS (If rural, give location) <b>0190 North Campbell Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>K. C. Osteopathic Hosp.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN FRANKLIN</b>		b. (Middle) <b>HELT</b>	
c. (Last) <b>HELT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 15, 1955</b>	
5. SEX <b>D</b> Male	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>12-19-1876</b>
9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Long Lane, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Jesse F. Helt</b>		13b. MOTHER'S MAIDEN NAME <b>Emily Pierce</b>	
14. NAME OF HUSBAND OR WIFE <b>Lula May Helt</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>490-30-4204</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>John Helt</b>		ADDRESS <b>Belton, Mo.</b>	
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) <b>Cerebral - Vascular accident</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 hrs</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>arterio-sclerosis</b>	
		DUE TO (c) <b>renal changes</b>	
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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan 14</u> , 19 <u>55</u> , to <u>Jan 15</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Jan 15</u> , 19 <u>55</u> , and that death occurred at <u>4:00 A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Gerald Zauder</b> (Degree or title) <b>Do.</b>		23b. ADDRESS <b>Pleasant Hill, Mo.</b>	
23c. DATE SIGNED <b>1/16/55</b>			
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-17-1955</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>West Union Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Union Twp. Cass Co. Mo</b>	
DATE REC'D BY LOCAL REG. <b>1-16-55</b>		REGISTRAR'S SIGNATURE <b>neva minshall</b>	
25. EMBALMER'S SIGNATURE <b>B. E. George</b>		ADDRESS <b>Belton, Mo</b>	

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

**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 *Richard E. Keizer*.....

Licensed Embalmer No. *395*.....

P. O. Address *Bellamy N*.....

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.