

FILED JUN 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16212

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>5934</u>		Registrar's No. <u>152</u>		
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>FRANKIE R.F.D.#2</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>GREEN RIDGE</u> <u>0800</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route #2 Green Ridge</u>				d. STREET ADDRESS (If rural, give location) <u>RURAL ROUTE #2</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>FOREST</u> b. (Middle) <u>EVERETT</u> c. (Last) <u>HELMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>11</u> <u>55</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>JULY 25 1881</u>	9. AGE (in years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 2 HRS. Mins.	
10a. USUAL OCCUPATION (Give kind of work 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>GREEN RIDGE R.F.D.#2 MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>JACOB DAUGHERTY HELMAN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY BOWER</u>		14. NAME OF HUSBAND OR WIFE <u>GERTRUDE HELMAN R.F.D.#2 MO.</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 ADDRESS <u>MRS. GERTRUDE HELMAN GREEN RIDGE MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 Hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Coronary Insufficiency</u>			<u>2 years</u>	
				DUE TO (c) <u>H2O1</u>				
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) 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>July 1953</u> to <u>May 1955</u> , that I last saw the deceased alive on <u>May 1955</u> , and that death occurred at <u>12:15 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Thomas J. Haptins, M.D.</u> (Degree or title)				23b. ADDRESS <u>Seaside, Mo.</u>		23c. DATE SIGNED <u>6/11/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-13-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McKEE CHAPEL CEMETERY GREEN RIDGE, PETTIS Co. MO.</u>		24d. LOCATION (City, town, or county) (State) <u>GREEN RIDGE, PETTIS Co. MO.</u>		
DATE REC'D BY LOCAL REG. <u>6-11-55</u>		REGISTRAR'S SIGNATURE <u>Lavinia Coontz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>GLEN E. HECK</u>		ADDRESS <u>FUNERAL HOME GREEN RIDGE MO.</u>		

(Expanded Exhibits' Statement on Reverse Side)

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 *Alvin E. Heck*

Licensed Embalmer No. *4063*

P. O. Address *Green Ridge, Md.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.