

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19739**

FILED JUN 21 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **6120** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Laviayette</b>	
b. CITY OR TOWN <b>Rural Crooked River</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <b>Rural (Lexington T'wnship)</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOSEPH</b>	b. (Middle) <b>GILBERT</b>	c. (Last) <b>HELM</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 12 1955</b>
-------------------------------------	-----------------------------	-------------------------------	--------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>October 29, 1937</b>	9. AGE (In years last birthday) (Month) (Day) (Hour) (Min.) <b>17 7 13</b>
-----------------------	----------------------------------	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Lexington Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
---	-----------------------------------	--	---

13a. FATHER'S NAME <b>F. Glenn Helm</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Brown</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>F. Glenn Helm</b>	ADDRESS. <b>R.R.1, Lexington, Mo</b>
---	--	---	---

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broken neck, &amp; skull fracture</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ 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.		<b>E8164 26</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT (Specify) <b>HOMICIDE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>on the way</b>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Hardin 089, Ray Mo</b>
--	---	--

21d. TIME OF INJURY <b>6-12-55-4:00 PM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Collision of 2 automobiles</b>
---	---	---

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 4:30 p m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. Robert Croner</b>	(Degree or title)	23b. ADDRESS <b>Reeborn Mo</b>	23c. DATE SIGNED <b>6-14-55</b>
---	-------------------	-----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 15-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Macphelia Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lexington Mo.</b>
--	----------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>June 15-1955</b>	REGISTRAR'S SIGNATURE <b>Mabel Jackson</b>	273	25. FUNERAL DIRECTOR'S SIGNATURE <b>Harold L. Walker</b>	ADDRESS <b>Lexington, 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 *Harold L. Walker* .....

Licensed Embalmer No. *45*

P. O. Address *Lexington*

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.