

FILED JUN 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

19747

BIRTH NO. _____		REG. DIST. NO. <u>300</u>		PRIMARY REG. DIST. NO. <u>6030</u>		Registrar's No. <u>16</u>			
1. PLACE OF DEATH a. COUNTY: <u>REYNOLDS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>REYNOLDS</u>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>(RURAL) WEBB</u>		c. LENGTH OF STAY (In this place) <u>25 yrs</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>ANNAPOLIS (RURAL) WEBB</u>		d. STREET ADDRESS (If rural, give location) <u>0 900 6 MILES WEST OF ANNAPOLIS</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 MILES WEST OF ANNAPOLIS</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>VIRGINIA</u> b. (Middle) <u>MAV</u> c. (Last) <u>HELVEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 12 1955</u>						
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT. 8, 1897</u>			
9. AGE (In years last birthday) <u>57</u>		10. UNDER 1 YEAR Months <u>7</u> Days <u>4</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY							
13a. FATHER'S NAME <u>RILEY WATKINS</u>			13b. MOTHER'S MAIDEN NAME <u>ANNIE ADAMS</u>		14. NAME OF HUSBAND OR WIFE <u>GIDRON HELVEY</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GIDRON HELVEY STAR ROUTE ANNAPOLIS, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION. Acute myocarditis				INTERVAL BETWEEN ONSET AND DEATH few days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				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. <u>acute sciatica (right)</u>				1 month	
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>4-22-55</u> , 19 <u> </u> , to <u>5-12-55</u> , 19 <u> </u> , that I last saw the deceased alive on <u>5-12-55</u> , 19 <u> </u> , and that death occurred at <u>6 A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R. P. Farland, M.D.</u>				23b. ADDRESS <u>Stanton, Mo.</u>		23c. DATE SIGNED <u>6-10-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 15 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MANN</u>		24d. LOCATION (City, town, or county) (State) <u>REYNOLDS CO. MO.</u>			
DATE REC'D BY LOCAL REG. <u>6 14 55</u>		REGISTRAR'S SIGNATURE <u>Lela Fox Deputy</u>		276		25. FUNERAL DIRECTOR'S SIGNATURE <u>William C. ...</u>		ADDRESS <u>MCDONALD 120</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Received 6-20-55
Reynolds County Health ()
File No. 655 - 22

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 _____

CODER FUNERAL HOME Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Redmont, M.

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