

FILED JUL 26 1955

STANDARD CERTIFICATE OF DEATH

21419 State File No. 139

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 3009 Registrar's No. 139

161

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau Mo.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cape Girardeau</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Jackson</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Jackson</i> 0161	
c. LENGTH OF STAY (in this place) <i>8 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>421 Highway 70</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <i>421 Highway 70</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>FANNIE</i>	b. (Middle) <i>R.</i>	c. (Last) <i>HELDERMAN</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>July 15, 1955</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Feb 12-1885</i>	9. AGE (in years last birthday) <i>70</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housekeeping</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Renewal Ill</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>George Dasher</i>	13b. MOTHER'S MAIDEN NAME <i>Martha Cook</i>	14. NAME OF HUSBAND OR WIFE <i>A.C. Helderman</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>A.C. Helderman, Jackson Mo</i>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Cerebral thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2-4 hrs</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertensive arteriosclerotic Cardiovascular disease</i> DUE TO (c) <i>Left heart strain + mild obesity</i> 443x		
	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 type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from *Feb 3, 1953*, to *July 15, 1955*, that I last saw the deceased alive on *June 14, 1955*, and that death occurred at *2 a. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>J. H. Trolinger, M.D.</i> (Degree or title)	23b. ADDRESS <i>J. H. TROLINGER, M. D. JACKSON, MISSOURI</i>	23c. DATE SIGNED <i>7/18/55</i>
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24a. BURIAL CREMATION (Specify) <i>Burial</i>	24b. DATE <i>July 17, 1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park</i>	24d. LOCATION (City, town, or county) (State) <i>Cape Girardeau Mo.</i>
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DATE REC'D BY LOCAL REG. <i>July 19-55</i>	REGISTRAR'S SIGNATURE <i>T.H. Seaburg</i> 518	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Miller Jackson Mo</i>
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WRITE PLAINLY—USING UNFADEING 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
Student Embalmer

Signed Gene C. Cravatt

Licensed Embalmer No. 4377

P. O. Address Jackson, 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 this body is not embalmed, fact should be so stated above.