

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22719**

FILED AUG 1 - 1955

BIRTH NO.		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>2034</u>		Registrar's No. <u>46</u>		
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>Missouri</u> COUNTY <u>Lafayette</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u>		d. STREET ADDRESS (If rural, give location) <u>302 W. 29th</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>302 W. 29th</u>				d. STREET ADDRESS (If rural, give location) <u>302 W. 29th</u>				
3. NAME OF DECEASED (Type or Print) <u>CATHERINE</u>			a. (First)		b. (Middle)		c. (Last) <u>HELLIKER</u>	
4. DATE OF DEATH <u>July 3 1955</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar. 12 1865</u>		9. AGE (in years last birthday) <u>90</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas Boyle</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Walton</u>		
14. NAME OF HUSBAND OR WIFE <u>George W. Helliker, Dec.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Edgar J. Helliker</u> ADDRESS <u>Higginsville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease years</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>				
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. HOW DID INJURY OCCUR?		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from <u>March 1950</u> to <u>July 3 1955</u> , that I last saw the deceased alive on <u>July 1 1955</u> and that death occurred at <u>1:13 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Walter S. Spassburg MD.</u> (Degree or title)				23b. ADDRESS <u>Higginsville Mo.</u>		23c. DATE SIGNED <u>July 20 - 55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 5 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Higginsville, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>July 21 - 1955</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar J. Helliker</u> ADDRESS <u>Higginsville, Mo.</u>				

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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Arvid Richhof*

Licensed Embalmer No. \_\_\_\_\_

4284

P. O. Address \_\_\_\_\_

*Higginsville, 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.