

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32396**  
Registrar's No. **24**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **46** PRIMARY REG. DIST. NO. **4065**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Caldwell</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Caldwell</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Polo, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Polo, Mo.</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>Polo, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home, Polo, Mo.</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Mrs. Ella</b> b. (Middle) _____ c. (Last) <b>Helm</b>			<b>4. DATE OF DEATH</b> (Month) <b>Sept</b> (Day) <b>28</b> (Year) <b>1955</b>		
---	--	--	--	--	--

<b>5. SEX</b> <b>Female</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>		<b>8. DATE OF BIRTH</b> <b>Nov. 20, 1861</b>		<b>9. AGE</b> (In years last birthday) <b>93</b>		<b>IF UNDER 1 YEAR</b> Months _____ Days _____		<b>IF UNDER 2 HRS.</b> Hours _____ Min. _____	
-----------------------------	--	--------------------------------------	--	--	--	--	--	--	--	--	--	---	--

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>at home</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>none</b>			<b>11. BIRTHPLACE</b> (State or foreign country) <b>Ray County, Missouri</b>			<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>		
---	--	--	--	--	--	--	--	--	---	--	--

<b>13a. FATHER'S NAME</b> <b>John Prichard</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Octavia Morris</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>Finis Helm</b>		
--	--	--	--	--	--	--	--	--

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Jim Henry, Knoxville, Missouri</b>				<b>ADDRESS</b>	
---	--	--	--	--	--	--	--	----------------	--

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Circulatory Failure</b>						<b>2 hrs</b>	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) <b>Cerebro-Vascular Hemorrhage</b>						<b>11 days</b>	
		DUE TO (c) <b>Arterial Sclerosis</b>						<b>Indef</b>	
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.						<b>331X</b>	

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

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

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
---	--	---	--	-----------------------------------	--

**22. I hereby certify that I attended the deceased from Sept 6, 1955, to Sept 28, 1955, that I last saw the deceased alive on Sept 28, 1955, and that death occurred at 2:55P m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>D.O.</b>		<b>23b. ADDRESS</b> <b>Polo, Mo.</b>		<b>23c. DATE SIGNED</b> <b>Sept 28/55</b>	
---	--	--------------------------------------	--	---	--

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>		<b>24b. DATE</b> <b>9-28-55</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Zimmerman Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Excelsior Springs, Mo.</b>	
---	--	---------------------------------	--	---	--	--	--

<b>DATE REC'D BY LOCAL REG.</b> <b>Oct 8-55</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Gladys Jones</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Claude Prichard, Excelsior Springs, Mo.</b>		<b>ADDRESS</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

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Lindell Jarman*

Licensed Embalmer No. *4589*

P. O. Address *Excelsior Springs*

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.