

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36478

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>113</u>		PRIMARY REG. DIST. NO. <u>5431</u>		Registrar's No. <u>542</u> <u>542</u>			
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin					
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Central Franklin		c. LENGTH OF STAY (in this place) 1 yr		c. CITY OR TOWN Lonedell		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lonedell Route				STREET ADDRESS (If rural, give location) Route 1 <u>0360</u>					
3. NAME OF DECEASED (Type or Print) a. (First) PLIZZ		b. (Middle) HENRY		c. (Last) HELTON		4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 9, 1905			
9. AGE (in years last birthday) 50		IF UNDER 1 YEAR Months Days		IF UNDER 14 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Dixon, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Chan Helton		13b. MOTHER'S MAIDEN NAME D. Pankey		14. NAME OF HUSBAND OR WIFE Nora Helton					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 3303-03-1867		17. INFORMANT'S SIGNATURE OR NAME Nora Helton		ADDRESS Lonedell, Mo			
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) Self-inflicted gun shot wound ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) piercing right temple and coming out upper cranial region above left ear. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 976x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lonedell Franklin Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 12, 1955 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self-inflicted gun shot wound					
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 _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Ernest R. Ottum Coroner ³				23b. ADDRESS Gerald, Missouri		23c. DATE SIGNED Nov. 12			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Br 11-15-55		24b. DATE 11-15-55		24c. NAME OF CEMETERY OR CREMATORY Oak Wood		24d. LOCATION (City, town, or county) (State) Cartersville, Ill.			
DATE REC'D BY LOCAL REG. 11-15-55		REGISTRAR'S SIGNATURE Floyd Williams <u>571-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin		ADDRESS St. Louis, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

131 1934

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 *K. M. Lerot*

Licensed Embalmer No. *36*
P. O. Address *St. Louis*

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.