

FILED JAN 26 1956

STANDARD CERTIFICATE OF DEATH

State File No. 467

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <b>CALLAWAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>FULTON</b>		c. LENGTH OF STAY (in this place) <b>300 <del>hrs</del></b>	c. CITY OR TOWN <b>PARIS</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CALLAWAY CO. HOSP.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <b>P.O. BOX 205</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>DAVID</b> c. (Last) <b>HELM</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 14<sup>TH</sup> 1956</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT. 12 1880</b>
9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>R.R. SECTION WORKER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>YAGASH R.R.</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>MONROE Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>SAMUEL J. HELM</b>	13b. MOTHER'S MAIDEN NAME <b>MARY FRANCIS DAVIS</b>	14. NAME OF HUSBAND OR WIFE <b>MARY A. HELM</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>702-05-6967</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>SAM HELM, Rt. 1, MEXICO, MO.</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	<b>Terminal pneumonia</b>		<b>48 hours</b>
ANTECEDENT CAUSES	DUE TO (b) <b>Uremia &amp; hypertensive</b>		<b>years</b>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	<b>CUR</b>		
II. OTHER SIGNIFICANT CONDITIONS	DUE TO (c) <b>mental changes. advanced</b>		
Conditions contributing to the death but not related to the disease or condition causing death.	<b>442X</b>		

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)	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 Jan. 11, 1956, to Jan. 14, 1956, that I last saw the deceased alive on Jan. 13, 1956, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. C. [Signature]</b>	23b. ADDRESS <b>Fulton, Mo.</b>	23c. DATE SIGNED <b>16 Jan 56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>1-16-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>THOMPSON CEM</b>	24d. LOCATION (City, town, or county) (State) <b>ANDRAIN Co., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Jan. 16-1956</b>	REGISTRAR'S SIGNATURE <b>Martha Lawrence</b>	426- GENERAL DIRECTOR'S SIGNATURE <b>Speed Blakey</b>	ADDRESS <b>PARIS, MISSOURI</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 7 1958

MAR 27 1958

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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.....  
*E. H. Ognew*

Licensed Embalmer No. *4000*

P. O. Address *PARIS, MISSOURI*

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.