

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16726

State File No.

BIRTH NO. REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Grandview		c. LENGTH OF STAY (in this place) 2 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1006 Duck Road		e. CITY OR TOWN Grandview f. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS 1006 Duck Road		(If rural, give location) 7ell	

3. NAME OF DECEASED (Type or Print)		a. (First) William	b. (Middle) Sherman	c. (Last) Helsley	4. DATE OF DEATH (Month) 5- (Day) 21 (Year) 56	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 30, 1896	9. AGE (In years (birthday)) 59	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Flagman (retired)		10b. KIND OF BUSINESS OR INDUSTRY Frisco Railroad		11. BIRTHPLACE (City and State or Foreign Country) ?		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Helsley		13b. MOTHER'S MAIDEN NAME Lavina Riggs		14. NAME OF HUSBAND OR WIFE Docia Helsley	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Docia Helsley, Grandview, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation		INTERVAL BETWEEN ONSET AND DEATH 11 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Coronary Occlusion		12 days	
		DUE TO (c) Arteriosclerotic Heart Disease		?	
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 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) 4200	
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 **July 29, 1955**, to **May 21, 1956**, that I last saw the deceased alive on **May 20, 1956**, and that death occurred at **5:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William A. Kella MD		23b. ADDRESS Grandview, Mo		23c. DATE SIGNED 5-21-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-22-56		24c. NAME OF CEMETERY OR CREMATORY Mansfield - Wolf Creek Cemetery	
		24d. LOCATION (City, town, or county) (State) Mansfield, Missouri			

DATE REC'D BY LOCAL REG. 5-21-56		REGISTRAR'S SIGNATURE Sterling E. Goddard		EMERALD DIRECTOR'S SIGNATURE E. K. George & Sons Inc. Grandview, Mo.	
--	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

178

APR 1 1953

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 *Sterling E. ...* Licensed Embalmer No. 49110

P. O. Address Grandview,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.