

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **20370**

FILED JUN 27 1956

BIRTH NO. _____		REG. DIST. NO. <b>145</b>		PRIMARY REG. DIST. NO. <b>55LL</b>		Registrar's No. <b>108</b>	
1. PLACE OF DEATH a. COUNTY <b>Iron</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Iron</b>			
b. CITY (If outside corporate limits, write RURAL and give town/ship) OR TOWN <b>Rural, Dent Twsp.</b>		c. LENGTH OF STAY (in this place) <b>life</b>		c. CITY OR TOWN <b>Rural</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Rd. #32, 1/2 mi. east of East End</b>				e. STREET ADDRESS (If rural, give location) <b>near East End</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>			b. (Middle) <b>HARRISON</b>		c. (Last) <b>HELMS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 24 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>May 30 1892</b>		9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>24</b>	IF UNDER 1 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance Mo. State Road Dept.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>State Road Dept.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Reynolds Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>James Helms</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Clayton</b>		14. NAME OF HUSBAND OR WIFE <b>Maude Hedrick Helms</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WWI</b>		16. SOCIAL SECURITY NO. <b>WWI</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Maude Helms, Banner Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>coronary thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>arteriosclerosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs.</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) (Min.)		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 <b>by investigation as register of deaths</b> , to <b>18</b> , that I last saw the deceased alive on <b>for Dent, Bwsp and Iron Co.</b> at <b>6.15a.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Mrs. Elizabeth Logan</b> (Degree or title)				23b. ADDRESS <b>Bellevue Missouri</b>		23c. DATE SIGNED <b>6-25-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>6-26-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Upper Indian Creek Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Goodwater Mo.</b>		
DATE REC'D BY LOCAL REG. <b>June 25 1956</b>		REGISTRAR'S SIGNATURE <b>Mrs. Elizabeth Logan</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>White Funeral Home, Ironton Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

**Arvid F. White**

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

JUL  
2 1958

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 *Amely White*.....

Licensed Embalmer No. *3012*

P. O. Address *Imperial*

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.