

FILED SEP 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26932

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>199</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3659</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>35 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u>				STREET ADDRESS (If rural, give location) <u>43 3018 Campbell St. 343 8 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u>		b. (Middle) <u>M.</u>		c. (Last) <u>Helsel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 18, 1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Dec. 31, 1894</u>	
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Kitchen attendant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carrollton Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry M. Helsel</u>		13b. MOTHER'S MAIDEN NAME <u>Melinda Ann Halsey</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>510-07-0092</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frances Reed K.C. Mo.</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diffuse Arterio-sclerosis</u> ANTECEDENT CAUSES <u>Probable Diabetes mellitus</u> Morbidity conditions, if any, giving rise to the above cause (a) <u>noting the underlying cause last.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Cerebral Anoxia (Etiology undetermined)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Years?</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>8-18</u> , 19 <u>56</u> , to <u>8-18</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8-18</u> , 19 <u>56</u> and that death occurred at <u>6:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph E. Wilton</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>836 Prof. Bldg. Kansas City</u>		23c. DATE SIGNED <u>9-20-1956</u>	
24. BURIAL (Specify) <u>Burial</u>		24b. DATE OF BURIAL <u>8/22/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-21-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stine & Mc Clure</u>		ADDRESS <u>K.C. Mo.</u>	

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

2012-6087

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 Elmer D. Fizzle

Licensed Embalmer No. 481

P. O. Address Kansas City

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.