

FILED OCT 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31781**

BIRTH NO. _____ REG. DIST. NO. **300** PRIMARY REG. DIST. NO. **6130** Registrar's No. **92**

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Mo b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) Piedmont RR3 (with Life)	c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN Piedmont, Mo	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 Home		f. STREET ADDRESS (If rural, give location) RR 3 Webb Creek 0900	

3. NAME OF DECEASED (Type or Print) a. (First) Perry b. (Middle) Martin c. (Last) Helvey	4. DATE OF DEATH (Month) (Day) (Year) Sept 20 1956
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 27 1880	9. AGE (In years last birthday) 76	10. UNDER 1 YEAR Months 2 Days 23	11. UNDER 1 MRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mail Carrier	10b. KIND OF BUSINESS OR INDUSTRY U.S. Mail	11. BIRTHPLACE (City and State or Foreign Country) Reynolds Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Pink Henry Helvey	13b. MOTHER'S MAIDEN NAME Mary Jane Mirriell	14. NAME OF HUSBAND OR WIFE Florence Howard Helvey
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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. 	17. INFORMANT'S SIGNATURE OR NAME Mrs Myrtle Decker	ADDRESS 3015 1/2 Ave Lemay, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 5 1/2 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolic Ischemia		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4214	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **7-14-56**, 19**56** to **9-20-56**, 19**56** that I last saw the deceased alive on **9-26**, 19**56**, and that death occurred at **1030 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE William C. Decker	(Degree or title) Dr.	23b. ADDRESS Reynolds Co., Mo.	23c. DATE SIGNED 9-23-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/23/56	24c. NAME OF CEMETERY OR CREMATORY Helvey Cem.	24d. LOCATION (City, town, or county) (State) Reynolds Co., Mo
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DATE REC'D BY LOCAL REG. 9-28-56	REGISTRAR'S SIGNATURE Essie Evans	25. FUNERAL DIRECTOR'S SIGNATURE William Cook	ADDRESS Piedmont Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

2760

Received 10-3-56
Reynolds County Health C
File No. 1056 - 32

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 Coder Funeral Home, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William Coder.....

Licensed Embalmer No. 3723

P. O. Address Piedmont

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.