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FILED OCT 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34626

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: LAFAYETTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ODESSA
c. LENGTH OF STAY (In this place): 6 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): west Dryden -

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: CARROLL
c. CITY OR TOWN: Bosworth
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0 1 1

3. NAME OF DECEASED (Type or Print)
a. (First): IDA
b. (Middle): M.
c. (Last): HELMS

4. DATE OF DEATH (Month) (Day) (Year): Oct 17 1956

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W.
8. DATE OF BIRTH: March 27-1870
9. AGE (In years last birthday): 86 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Bosworth MO
12. CITIZEN OF WHAT COUNTRY?: M.S.A.

13a. FATHER'S NAME: ALLEN HENRY
13b. MOTHER'S MAIDEN NAME: A. LAWCK
14. NAME OF HUSBAND OR WIFE: DECEASED.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: MRS. W.S. ARNOLDIA — ADDRESS: ODESSA 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): paralytic stroke — INTERVAL BETWEEN ONSET AND DEATH: 6 DAYS

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: — 334 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-10, 1956, *to* 10-17, 1956, *that I last saw the deceased alive on* 10-17, 1956, *and that death occurred at* 1:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hannah B. Arnoldia D.C.
23b. ADDRESS: 206 W. DRYDEN ODESSA Mo
23c. DATE SIGNED: 10-17-1956

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10-18-1956
24c. NAME OF CEMETERY OR CREMATORY: BIG CREEK CEMETERY
24d. LOCATION (City, town, or county): Bosworth (State): MO

DATE REC'D BY LOCAL REG.: 10-17-1956
REGISTRAR'S SIGNATURE: Emma Davidson
25. FUNERAL DIRECTOR'S SIGNATURE: Lipsey & Edwards — ADDRESS: Bosworth Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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DEC 7 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David J. Edwards

Licensed Embalmer No. 226

P. O. Address Bennett

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.