

FILED FEB 11 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

953

STATE FILE NUMBER

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 116

1. PLACE OF DEATH a. COUNTY GREENE Co., Mo.			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WRIGHT		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MANSFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHNS		Length of stay in 1b 24 hrs.	d. STREET ADDRESS NONE (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MIDDLE LAST RAYMOND ELBERT HELSLEY			4. DATE OF DEATH Month Day Year 1-30-57		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 28, 1894		9. AGE (In years last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (City and state or country) WRIGHT Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JAMES HELSLEY			14. MOTHER'S MAIDEN NAME LAVINIA RIGGS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 487-32-0516		17. INFORMANT Otha Helsley, Mansfield, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Mercenaria thrombosis</i> DUE TO (b) <i>Arteriosclerosis cardio vascular disease</i> DUE TO (c) <i>4221</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Angerets of kidneys, spleen, lungs.</i>					INTERVAL BETWEEN ONSET AND DEATH 28 hours unknown
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Springfield Greene Mo.	
21. I attended the deceased from <i>Sept 9, 56</i> to <i>Jan 30, 57</i> and last saw <sup>her</sup> him alive on <i>Jan 30, 57</i> Death occurred at <i>230 PAL</i> on the day stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>R. D. Helsley, M.D.</i> (Degree or title)			22b. ADDRESS <i>609 Cherry St.</i>		22c. DATE SIGNED <i>Feb 1, 57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-3-57	23c. NAME OF CEMETERY OR CREMATORY WOLF CREEK		23d. LOCATION (City, town, or county) (State) WRIGHT Co. Mo.
24. FUNERAL DIRECTOR <i>Max Miller Mansfield Mo</i>		25. DATE RECD. BY LOCAL REG. 2-4-57	26. REGISTRAR'S SIGNATURE <i>Edna Williamson</i>		

(Licensed Embolmer's Statement on Reverse Side)

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Max J Miller*.....

Licensed Embalmer No. *47*

P. O. Address *Manila*

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