FILED FEB 11 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1813

STATE FILE NUMBER

2653-57 Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY LAFAYETTE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY LAFAYETTE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEXINGTON. Inside Limits Yes ☒ No ☐	c. CITY OR TOWN FREEDOM TWP 054 Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) MEMORIAL HOSPITAL Length of stay in 1b 15 HRS	d. STREET ADDRESS (If outside, give location) 6 1/2 MI. S&W CONCORDIA Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First ROBIN Middle RUTH Last HELT

4. DATE OF DEATH Month February Day 1 Year 1957

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH JAN 31, 1957

9. AGE (In years last birthday) 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 15, Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (City and state or country) LEXINGTON, MO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME LELAND C. HELT

14. MOTHER'S MAIDEN NAME BARBARA R. RANSDELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT LELAND C. HELT Address CONCORDIA, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atelectasis, bilateral — INTERVAL BETWEEN ONSET AND DEATH 15 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Crematurity (7 mo) —

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 7625

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 31, 1957, to Feb 1, 1957 and last saw her/him alive on Jan 31, 1957

Death occurred at 9:25 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. S. Brady MD

22b. ADDRESS Concordia, Mo

22c. DATE SIGNED 2/1/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-2-57

23c. NAME OF CEMETERY OR CREMATORY METHODIST

23d. LOCATION (City, town, or county) CONCORDIA (State) MO

24. FUNERAL DIRECTOR E. S. James ADDRESS Concordia, Mo

25. DATE RECD. BY LOCAL REG. 2-5-57

26. REGISTRAR'S SIGNATURE Minerva E. Eustabrooks

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

56-0

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....E. L. Jam...

Licensed Embalmer No. 20

P. O. Address Concord

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.