No. 300
10.48

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

FILED FEB 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5293

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HILLS BORO
c. LENGTH OF STAY (in this place): 2 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION: CEDAR GROVE Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: JEFF
c. CITY OR TOWN: DE SOTO 0602 0
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): GENERAL DELIVERY

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

4. DATE OF DEATH (Month) (Day) (Year): FEB 18 1957

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, ~~NEVER MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): WIDOWED 2
8. DATE OF BIRTH: SEPT 13 1883
9. AGE (In years last birthday): 73
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): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION
11. BIRTHPLACE (City and State or Foreign Country): FREDERICKTOWN, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: JACK HELMS
13b. MOTHER'S ~~MAIDEN~~ NAME: MARY HELMS
14. NAME ~~OF HUSBAND~~ OR WIFE: VIRGINIA HELMS

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.: ____
17. INFORMANT'S SIGNATURE OR NAME: EARL HELMS
ADDRESS: DE SOTO, MO

MEDICAL CERTIFICATION

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) Carcinoma of Lung, Left — INTERVAL BETWEEN ONSET AND DEATH: 6 Mo

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: 16 3X
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* March 1, 1956, *to* 2-20, 1957, *that I last saw the deceased alive on* 2-16, 1957, *and that death occurred at* 8:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John W. Doake (Degree or title) M.D.
23b. ADDRESS: 3606 Bremen - St Louis Mo
23c. DATE SIGNED: 2-21-57

24a. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial
24b. DATE: 2/20/57
24c. NAME OF CEMETERY ~~OR CREMATORY~~: City
24d. LOCATION (City, town, or county) (State): DE SOTO MO

DATE REC'D BY LOCAL REG.: 2-25-57
REGISTRAR'S SIGNATURE: Olita Lindsley Dep
25. FUNERAL DIRECTOR'S SIGNATURE: MAHN Funeral Home
ADDRESS: DeSoto, Mo

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
FEB 25 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Daniel J. Mahr

Licensed Embalmer No. 432

P. O. Address

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