

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9419**

FILED MAR 18 1957

BIRTH NO. _____ REG. DIST. NO. **212** PRIMARY REG. DIST. NO. **3044** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MILLER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EIDON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EIDON	
d. FULL NAME OF HOSPITAL OR INSTITUTION E. North St		d. STREET ADDRESS (If rural, give location) E. North St. 0661 0	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) EDWARD c. (Last) HELMS	4. DATE OF DEATH (Month) (Day) (Year) FEB. 28, 1957
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5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 29, 1880	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. FILLING STATION OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Miller Co., Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William S. Helms	13b. MOTHER'S MAIDEN NAME MARY Mitchell	14. NAME OF HUSBAND OR WIFE MARY VANN HELMS
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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. 495-36-0221	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Helms.	ADDRESS Eldon
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease DUE TO (c) Hypertension & arteriosclerosis		
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	4201	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 _____, 19**47** to **Feb 28, 1957**, that I last saw the deceased alive on **Feb 27, 1957** and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE E. O. Shelton M.D.	(Degree or title)	23b. ADDRESS Eldon, Mo	23c. DATE SIGNED Feb 28
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAR. 3, 1957	24c. NAME OF CEMETERY OR CREMATORY Eldon	24d. LOCATION (City, town, or county) (State) Eldon Mo.
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DATE REC'D BY LOCAL REG. March 2, 1957	REGISTRAR'S SIGNATURE Alveretta Waltz	25. FUNERAL DIRECTOR'S SIGNATURE Louis D. Phillips	ADDRESS Eldon
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(Licensed Embalmer's Statement on Reverse Side)

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

192

RECEIVED

MAR 12 '57

Miller County
Health Department

MAR 12 1957

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Madison

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 this body is not embalmed, fact should be so stated above.