

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13720

FILED APR 26 1957

STATE FILE NUMBER

Registration District No. 165 Primary Registration District No. 5611 Registrar's No. 7

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

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural, Leeton, Post Oak</u>			Inside Limits Y ³ <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>No</u>	c. CITY OR TOWN <u>Rural #2, Leeton, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>No</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence, R.R. #2,</u>			Length of stay in lb <u>Life,</u>	d. STREET ADDRESS (If outside, give location) <u>R.R. No. 2, Leeton, Mo.</u>			Reside on Farm Y ³ <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>FALBIA</u> Middle <u>E.</u> Last <u>HELTERBRAND</u>				4. DATE OF DEATH Month <u>April</u> Day <u>12th.</u> Year <u>1957</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 29, 1884</u>		9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Johnson County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Cecil,</u>				14. MOTHER'S MAIDEN NAME <u>Betty Coates,</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Mr. Amos Helterbrand, Leeton, Missouri</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) : <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Diabetes</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
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		COUNTY STATE	
21. I attended the deceased from <u>1950</u> to <u>4-12-57</u> and last saw her ^{her} _{him} alive on <u>4-12-57</u> Death occurred at <u>9 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>R. Lee Cooper</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>Warrensburg, Missouri.</u>		22c. DATE SIGNED <u>4-13-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-14-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mineral Creek Cemetery,</u>		23d. LOCATION (City, town, or county) <u>Leeton, Missouri</u>		(State)	
24. FUNERAL DIRECTOR ADDRESS <u>R.A. Brauninger, Warrensburg, Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>4/24/57</u>		26. REGISTRAR'S SIGNATURE <u>J. W. Cook</u>		

(Licensed Embalmer's Statement on Reverse Side)

5167

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 me..... Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. A. Banninger.....

Licensed Embalmer No. 33

P. O. Address Warren, Iowa

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.