

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18197

State File No. \_\_\_\_\_

FILED MAY 31 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b> (Institution.)	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>Rolla</b> township)		c. CITY OR TOWN <b>Rolla</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>17 yrs.</b>		STREET ADDRESS (If rural, give location) <b>1006 Elm st.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1006 Elm st.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MARY</b>	b. (Middle) <b>HELM</b>	c. (Last) <b>SMITH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 19, 1957</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 7, 1881</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Moselle, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John A. Helm</b>	13b. MOTHER'S MAIDEN NAME <b>Messa Harding</b>	14. NAME OF HUSBAND OR WIFE <b>Dr. B. T. Smith (deceased)</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Margaret Andrae 1006 Elm, Rolla, Mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Regenerative Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis (Severely)</b> DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>4500</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 1-1, 1957, to 5-19, 1957, that I last saw the deceased alive on 5-19, 1957, and that death occurred at 1:20a m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Rolla Mo</b>	23c. DATE SIGNED <b>5-19-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-23-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cedar Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Robertsville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>May 21, 1957</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Carl G. Glenn 1100 Elm, Rolla, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer,

County File Number 714

Date Filed 5/29/57

JUL 5 8 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 ..... **Me** ....., Student Embalmer No. ....

working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed ..... *Carl J. Glenn* .....  
Carl J. Glenn

Licensed Embalmer No. **4707**

P. O. Address **Rolla, Mo.**

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.