

FILED MAY 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18782

STATE FILE NUMBER 4813

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4813

| | | | | | | | |
|---|------------------------|---|--|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Hannibal | | 0648 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE 38 Paroute City Hospital | | | Length of stay in 1b DOA | | 31 d. STREET ADDRESS 1522 Booker | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last HOWARD ANDREW HELBING | | | | 4. DATE OF DEATH Month Day Year May 21, 1957 | | | |
| 5. SEX Male <input checked="" type="checkbox"/> | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | | 8. DATE OF BIRTH April 11, 1891 | | 9. AGE (In years last birthday) 66 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 1 20 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer | | 10b. KIND OF BUSINESS OR INDUSTRY C.B.&Q. Railroad | | 11. BIRTHPLACE (City and state or country) Monroe City Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Howard Anton Helbing | | | | 14. MOTHER'S MAIDEN NAME Minnie Hartman | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | 16. SOCIAL SECURITY NO. Unknown | | 17. INFORMANT Address H. Fred Helbing, Hannibal Missouri | | | |
| 18. CAUSE OF DEATH [Enter only one cause possible for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary thrombosis</i> DUE TO (b) <i>Angina Pectoris</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 420.1 | | | | | | INTERVAL BETWEEN ONSET AND DEATH <i>1 minute</i> <i>18 months</i> | |
| 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 <i>Aug 1 - 1956</i> to <i>May 21 - 1957</i> and last saw <i>him</i> alive on <i>May 13 - 1957</i> Death occurred at <i>1:40 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <i>E. A. Porter</i> (License or Title) 2 | | | | 22b. ADDRESS <i>412 Center St. Hannibal, Mo.</i> | | 22c. DATE SIGNED <i>5/21/57</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE <i>5-22-57</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Grandview Memorial</i> | | 23d. LOCATION (City, town, or county) (State) <i>Hannibal, Mo.</i> | | |
| 24. FUNERAL DIRECTOR <i>H. Crawford Smith</i> | | ADDRESS <i>Hannibal</i> | | 25. DATE RECD. BY LOCAL REG. <i>MAY 22 '57</i> | | 26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> <i>S.P.</i> | |

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3.870.00

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
John J. Harris
Licensed Embalmer No. 41

P. O. Address *So. Lane*

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.