

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23802**

FILED AUG 5 1957

BIRTH NO. _____		REG. DIST. NO. <b>53</b>		PRIMARY REG. DIST. NO. <b>3010</b>		Registrar's No. <b>361</b>		
1. PLACE OF DEATH a. COUNTY <b>CAPE GIRARDEAU</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>SCOTT</b>				
b. CITY OR TOWN <b>CAPE GIRARDEAU</b>		c. LENGTH OF STAY (If in this place) <b>5 days</b>		c. CITY OR TOWN <b>CHAFFEE</b>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SOUTH EAST MISSOURI HOSP.</b>				e. STREET ADDRESS (If rural, give location) <b>315 PARKER AVE. 100/0</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>MYRTLE SERENA</b> b. (Middle) <b>HELTIBRAND</b> c. (Last) <b>HELTIBRAND</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 28, 1957</b>					
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>FEB. 5, 1887</b>		
9. AGE (In years) <b>70</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>23</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>				
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></b>		11. BIRTHPLACE (City and State or Foreign Country) <b>1/2 mi. South - CHAFFEE, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>BYRANUS VATY WYLBIE</b>			13b. MOTHER'S MAIDEN NAME <b>JANE BYRNE</b>		14. NAME OF HUSBAND OR WIFE <b>DEWAYN ISAAC HELTIBRAND</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>			16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>DEWAYN WYLBIE HELTIBRAND</b> ADDRESS <b>CHAFFEE, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Right Cerebral apoplexy</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>B.V. disease</b> DUE TO (c) <b>Systemic hypertension</b>						
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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 <b>443x</b>					20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>July 23, 1957</b> , to <b>July 28, 1957</b> , that I last saw the deceased alive on <b>July 28th 1957</b> , and that death occurred at <b>9:10A.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Clarence Eates M.D.</b>				23b. ADDRESS <b>Cape Gir., Mo</b>		23c. DATE SIGNED <b>7/29/57</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>July 30, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LORIMER CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>CAPE GIRARDEAU, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>7-30-57</b>		REGISTRAR'S SIGNATURE <b>W. C. Summers</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>BISPLINGHOFF FUNERAL HOME</b> ADDRESS <b>CHAFFEE, Mo.</b>				

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

440

JAN 8 1958

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.....  
Signature of Student Embalmer

Signed *Jack J. Summitt*.....

Licensed Embalmer No. *447*.....

P. O. Address *Chaffee, Md*.....

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.