

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30516

FILED AUG 19 1957

STATE FILE NUMBER

Registration District No. **323** Primary Registration District No. **4474** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY SALINE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY LAFAYETTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SWEET SPRINGS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FREEDOM TWP. 05 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FORSYTH REST HOME		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 6 mi SW. OF CONCORDIA, MO Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ANNIE Middle B. Last HELT	4. DATE OF DEATH Month Aug. Day 10 Year 1957
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT 4, 1869	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING	11. BIRTHPLACE (City and state or country) LAFAYETTE COUNTY, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME CHARLES H. HELT	14. MOTHER'S MAIDEN NAME MARTHA E. HOLLANBECK
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT MRS. SARAH NANCY CONCORDIA, MO Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 5 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis		10 years
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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.)
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20c. TIME OF INJURY Hour p. m. Month, Day, Year	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from **8-8-57** to **8-10-57** and last saw her ^{alive} on **8-8-57**
Death occurred at **9:45 p.m.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles H. Helts (Degree or title)	22b. ADDRESS Sweet Springs, Mo	22c. DATE SIGNED 8-12-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 13, 1957	23c. NAME OF CEMETERY OR CREMATORY NEW HOPE	23d. LOCATION (City, town, or county) CONCORDIA (State) MO
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24. FUNERAL DIRECTOR E. S. Hanna ADDRESS Concordia, Mo	25. DATE RECD. BY LOCAL REG. Aug. 12, 1957	26. REGISTRAR'S SIGNATURE Mary Mossley
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(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

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.....
 E. S. James

Licensed Embalmer No. *20*

P. O. Address *Concordia*

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.