

FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36760

STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 266

S. 300
v. 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 causally 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>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryville</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Maryville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			Length of stay in lb <u>4 das</u>	d. STREET (If outside, give location) ADDRESS <u>4 miles S Maryville</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u>EDWIN</u> Last <u>HELZER</u>			4. DATE OF DEATH Month <u>10</u> Day <u>23</u> Year <u>1957</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 31, 1886</u>		9. AGE (In years last birthday) <u>71</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer & stockman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Graham, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Nicholas Helzer</u>				14. MOTHER'S MAIDEN NAME <u>Mary Rostack</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>		16. SOCIAL SECURITY NO. <u>496 42 2118</u>		17. INFORMANT Address <u>Mrs Elta Helzer Maryville, Mo.</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>Peripheral vascular Collapse</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Intestinal Ileus</u> DUE TO (c) <u>fracture 11th dorsal vertebra</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>9021</u>						INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>7 2 1/2</u> <u>5 dup</u>	
20a. ACCIDENT <input checked="" 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.) <u>Fell out of apple tree</u>					
20c. TIME OF INJURY Hour <u>10</u> Month <u>10</u> Day <u>23</u> Year <u>1957</u> a. m. <u>57</u> 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.) <u>Home farm</u>		20f. CITY, TOWN, OR LOCATION <u>Maryville Nodaway Mo</u>		COUNTY STATE	
21. I attended the deceased from <u>19 Oct 57</u> to <u>23 Oct 57</u> and last saw her <u>23 Oct 1957</u> alive on <u>23 Oct 1957</u> Death occurred at <u>11:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Gene Empe, MD</u> (Degree or title)				22b. ADDRESS <u>Maryville, Mo</u>		22c. DATE SIGNED <u>10/28/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10/26/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Graham Cemetery</u>		23d. LOCATION (City, town, or county) <u>Graham, Mo.</u>		(State)
24. FUNERAL DIRECTOR <u>Wm. H. Johnson</u> ADDRESS <u>Maryville, Mo 1-1-57</u>			25. DATE RECD. BY LOCAL REG. <u>10/26/57</u>		26. REGISTRAR'S SIGNATURE <u>Bess Hobbs</u>		

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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 embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *G. M. Atchison*.....

Licensed Embalmer No. *22*.....

P. O. Address *Marionville*.....

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.