V.S. No. 300
Rev. 10.48

FILED DEC 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39552

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4099 Registrar's No. 174

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PLEASANT HILL
c. LENGTH OF STAY (In this place): 42 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME OF INFORMANT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CASS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PLEASANT HILL
d. STREET ADDRESS (If rural, give location): LOT 68 BALDWIN LAKE

3. NAME OF DECEASED (Type or Print)
a. (First): NORA
b. (Middle): BELLE
c. (Last): HELMER

4. DATE OF DEATH (Month) (Day) (Year): NOVEMBER 29 1957

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: APRIL 26 1892
9. AGE (In years last birthday): 65
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and State or Foreign Country): ST CLAIR, MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: ANDREW J POTTS
13b. MOTHER'S MAIDEN NAME: DORA PHILLIPS
14. NAME OF HUSBAND OR WIFE: LEO FREDERICK HELMER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: David Helmer
ADDRESS: Pleasant Hill Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SEPSIS — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) PRIMARY ATYPICAL PNEUMONIA — 1 WK
DUE TO (c) INFLUENZA

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: 480X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV 11TH, 1957, *to* NOV 25TH, 1957, *that I last saw the deceased alive on* NOV. 25TH, 1957, *and that death occurred at* 3:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Richard Gordon (Degree or title) D.O.
23b. ADDRESS: PLEASANT HILL MO
23c. DATE SIGNED: 11-30-57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Dec 1 1957
24c. NAME OF CEMETERY OR CREMATORY: ORIENT CEMETERY
24d. LOCATION (City, town, or county) (State): HARRISONVILLE MO

DATE REC'D BY LOCAL REG.: 11-30-57
REGISTRAR'S SIGNATURE: Dora Barnard
25. FUNERAL DIRECTOR'S SIGNATURE: Brownfield-Stanley
ADDRESS: Pleasant Hill, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

457

RECEIVED
DEC 8 1957
CASS COUNTY
HEALTH DEPARTMENT

DEC 23 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.....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed John R. Sidmon

Licensed Embalmer No. 4531

P. O. Address Kansas City, 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 this body is not embalmed, fact should be so stated above.