

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021449

STATE FILE NUMBER

FILED JUL 3 1958

Registration District No. 114

Primary Registration District No. 4186

Registrar's No. 30

300
-57

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1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sullivan Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sullivan Mo. 0368
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Olson nursing home		Length of stay in 1b 4 yrs.	d. STREET ADDRESS (If outside, give location) Rural
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Rowena Middle Last Helm			4. DATE OF DEATH Month June Day 30 Year 1958	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 14 1874	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME August H Schwidde	13b. MOTHER'S MAIDEN NAME Christina Rommelman	14. NAME OF HUSBAND OR WIFE Albert c Helm
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT John Helm	Address 2829W 65 St. Chicago Ill.
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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) Generalized Abdominal Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
DUE TO (b) (Unidentified Neoplasm)		
DUE TO (c) _____		1992

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 _____ Month, Day, Year _____ a.m. _____ p.m. _____	
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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
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21. I attended the deceased from June 1947 to June 30 1958 and last saw her alive on June 29, 1957 Death occurred at 8:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Ronald K Scott D.O.	22b. ADDRESS Sullivan Mo	22c. DATE SIGNED 6/30/58
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23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE July 3 58	23c. NAME OF CEMETERY OR CREMATORY Argo cemetery	23d. LOCATION (City, town, or county) (State) Franklin County Mo.
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24. FUNERAL DIRECTOR Thos. P Shaffer	ADDRESS Sullivan Mo.	25. DATE RECD. BY LOCAL REG. 7-1-58	26. REGISTRAR'S SIGNATURE Thomas G. Dempsey
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *Wm. S. Shaffer*

Licensed Embalmer No. *2692*

P. O. Address *Sullivan*

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.