

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023048

STATE FILE NUMBER

Health,
Welfare
Public
Service

300
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

FILED JUN 19 1958 Registration District No. 316 Primary Registration District No. 6069 Registrar's No. 219

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bismarck Rt. 1, Iron Twp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR NURSING HOME OR OTHER INSTITUTION Ozark Ore Co. Lake Length of stay in lb -----		d. STREET ADDRESS 2107 Park (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) LEONARD BRYAN HELVEY First Middle Last			4. DATE OF DEATH May 24, 1958 Month Day Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 5, 1934
9. AGE (In years last birthday) 24	IF UNDER 1 YEAR Month 3 Day 19 Hours _____ Min. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Spray Painter
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Spray Painter		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Ship-builders & Steel	11. BIRTHPLACE (City and state or country) Bismarck, Missouri
13. FATHER'S NAME Tone Edgar Helvey		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		14. MOTHER'S MAIDEN NAME Rose Hasty	
16. SOCIAL SECURITY NO. 495-31-5633		17. INFORMANT Linda L. Helvey, 2107 Park, St. Louis, Mo. Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation DUE TO (b) Drowning DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 850X 42			INTERVAL BETWEEN ONSET AND DEATH
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"/> 2
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.) Deceased fell out of a boat and inhaled water.	
20c. TIME OF INJURY 12:05 P.M. Hour 12:05 Month 5 Day 24 Year 58		20d. CITY, TOWN, OR LOCATION Bismarck, Rt 1, St. Francois, Mo. COUNTY STATE	
20e. PLACE OF INJURY (e.g., in or about home, while at work, or in factory, store, or school) Near Ozark Ore Co. Lake		20f. CITY, TOWN, OR LOCATION Bismarck, Rt 1, St. Francois, Mo. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw him alive on 2.07.58 . Death occurred at 12:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Raymond Semelka (Degree or title) D.O. 2		22b. ADDRESS Bismarck, Missouri	
22c. DATE SIGNED 5-26-1958			
23a. BURIAL CREMATION. (Specify) Burial	23b. DATE 5-27-1958	23c. NAME OF CEMETERY OR CREMATORY Masonic Cem.	23d. LOCATION (City, town, or county) (State) Bismarck, Missouri
24. FUNERAL DIRECTOR Shipman & Sons ADDRESS Bismarck, Missouri		25. DATE RECD. BY LOCAL REG. May 26, 1958	26. REGISTRAR'S SIGNATURE Esther Rudloff

JUN 1 9 1958

JUN 23 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 *John N. Shuman*
Licensed Embalmer No. *488*
P. O. Address *Bismarck*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E 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.