

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026114

State File No.

FILED JUL 16 1958

BIRTH NO. _____ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 3033 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Camden	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon		c. CITY OR TOWN Versailles 0150 0	
c. LENGTH OF STAY (in this place) minutes		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Memorial Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Walter John		b. (Middle) Adams	
c. (Last) Helton		4. DATE OF DEATH (Month) (Day) (Year) July 6, 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 17, 1888
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) shipper		10b. KIND OF BUSINESS OR INDUSTRY paint business	11. BIRTHPLACE (City and State or Foreign Country) Indiana
13a. FATHER'S NAME Thomas Helton		13b. MOTHER'S MAIDEN NAME Alice (unknown)	14. NAME OF HUSBAND OR WIFE Opal R. Helton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 486-09-7161	17. INFORMANT'S SIGNATURE OR NAME ADDRESS T.C. Helton 3509 E. 57th Terrace North Kansas City, Missouri
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 2 hrs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c) 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	4200
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-6 , 19 58 , to 7-6- , 19 58 , that I last saw the deceased alive on 7-6- , 19 58 , and that death occurred at 12:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) B. B. Hurst, M.D.		23b. ADDRESS Lebanon, Mo.	23c. DATE SIGNED 7-6-58
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 7/8/58	24c. NAME OF CEMETERY OR CREMATORY Forest Hills Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
DATE REC'D BY LOCAL REG. 7-8-1958	REGISTRAR'S SIGNATURE Hella L. May	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedges Funeral Home Camden, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 16 1958

Received JUL 14 1958
Laclede County Health Unit
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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 Walter P. Hedger

Licensed Embalmer No. 4265
P. O. Address Iberia, Missouri

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.