

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021420

STATE FILE NUMBER

FILED JUN 24 1959 Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 2793

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) 4601 Mercier
3. NAME OF DECEASED (Type or print) First Middle Last HERBERT HENRY HELFENSTRIDER			4. DATE OF DEATH Month Day Year June 7, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-13-1913
9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Appliances	11. BIRTHPLACE (City and state or country) Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Helfenstrider	
13b. MOTHER'S MAIDEN NAME Emma Borchert		14. NAME OF HUSBAND OR WIFE XX	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No XX		16. SOCIAL SECURITY NO. 491-20-4553	17. INFORMANT Address Mrs. Emma Helfenstrider, 4601 Mercier
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Osteogenic sarcoma left ilium			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) with marked extension to lung metastasis			
DUE TO (c)			
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"/>
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.) 1966	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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
21. I attended the deceased from May 26, 1959 to June 7, 1959 and last saw her alive on June 7, 1959		Death occurred at 1:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Abraham Gelperin</i> (Degree or title) 0		22b. ADDRESS General Hosp	22c. DATE SIGNED 6-8-59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 6-10-59	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City Mo
24. FUNERAL DIRECTOR Wagner Funeral Home, K to Mo		25. DATE RECD. BY LOCAL REG. 6-8-59	26. REGISTRAR'S SIGNATURE <i>Reva Minshall</i>

(Licensed Embalmer's Statement on Reverse Side)

All signatures in Part I must be causally related.
Abraham Gelperin M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Alvin R Neunschuld*

Licensed Embalmer No. *4159*
P. O. Address *K C 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.