

UNITED STATES DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035984

FILED VS OCT 26 1959

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. _____ Registrar's No. 262

ENDED

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		c. CITY OR TOWN Ionia	
Length of stay in 1b 4 weeks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital		d. STREET ADDRESS (If outside, give location) Ionia	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Benjamin Joseph Helmers		4. DATE OF DEATH Month Oct Day 12th Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 30, 1887
9. AGE (last birthday) 71		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	
11. BIRTHPLACE (City and state or country) Cole Camp Mo		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Helmrs		13b. MOTHER'S MAIDEN NAME Margaret Hoehns	
14. NAME OF HUSBAND OR WIFE --		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 500-20-0158		17. INFORMANT Elroy Hienberg Ionia Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Terminal Hypostatic pneumonia 1 1/2 days Washed splenic Anemia. of 5 mths. Ca of prostate and Adenoblastoma L Testicle 1 yr Conditions, if any, which gave rise to above cause (b) _____ stating the underlying cause (c) _____		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Ca of prostate and Adenoblastoma L Testicle 1 yr		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
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 _____
21. I attended the deceased from 9-5-56 to 10-12-59 and last saw her alive on 10-12-59 Death occurred at Oct 12 - 59 12:30 PM on the day stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles M. Shubert, M.D. (Degree or title)		22b. ADDRESS Windsor Mo	
22c. DATE SIGNED Oct 14, 1959		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Oct 16, 1959	23c. NAME OF CEMETERY OR CREMATORY Monsees Cemetery	23d. LOCATION (City, town, or county) (State) Cole Camp Mo	
24. FUNERAL DIRECTOR E L Eickhoff	ADDRESS Cole Camp Mo	25. DATE RECD. BY LOCAL REG. Oct 22, 1959	26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

69561 8 2 100 SA

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 E L Eickhoff
E L Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.