

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039123

FILED VS NOV 23 1959

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. _____ Registrar's No. 529

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Butler</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	c. CITY OR TOWN <u>Fairdealing</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>6 Mi. E. of Neelyville</u>	Length of stay in 1b <u>Minutes</u>	d. STREET ADDRESS (If outside, give location) <u>None</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>County Route H</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

3. NAME OF DECEASED (Type or print)	First <u>ROBERT</u> Middle <u>LEE</u> Last <u>HELTON</u>	4. DATE OF DEATH Month <u>Nov.</u> Day <u>6</u> Year <u>1959</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-5-1927</u>	9. AGE (last birthday) <u>32</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>- - - - -</u>	11. BIRTHPLACE (City and state or country) <u>Butler County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Robert Lee Helton</u>	13b. MOTHER'S MAIDEN NAME <u>Victoria Mayo</u>	14. NAME OF HUSBAND OR WIFE <u>Virginia Helton</u>
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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) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>W# 2</u>	17. INFORMANT <u>Mrs. Evelyn Kenser Fairdealing, Mo.</u>	Address _____
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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:	INTERVAL BETWEEN ONSET AND DEATH _____
IMMEDIATE CAUSE (a) <u>skull fracture</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>motor cycle accident</u>	
DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) <u>supposed to hit a mule on highway</u>
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20c. TIME OF INJURY Hour <u>8:00</u> p.m. Month, Day, Year <u>11/6-59</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway</u>	20f. CITY, TOWN, OR LOCATION <u>Neelytown</u> COUNTY <u>Butler</u> STATE <u>Mo</u>
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21. I attended the deceased from _____, to _____, and last saw her/him alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Greer Croy</u> Coroner	22b. ADDRESS <u>Poplar Bluff, Missouri</u>	22c. DATE SIGNED <u>11/9-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-10-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Missouri</u>
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24. FUNERAL DIRECTOR <u>Greer Croy & Fitch</u> ADDRESS <u>Poplar Bluff, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11/10/59</u>	26. REGISTRAR'S SIGNATURE <u>R. M. Metcalf</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS NOV 23 1959

VS DEC 2 1959

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 Philip J. Casady

Licensed Embalmer No. 4618

P. O. Address Poplar Bl.

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.