

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001192

FILED VS FEB 1 1960

Registration District No. 128 Primary Registration District No. 32A REGISTRAR'S No. 32A STATE FILE NUMBER

|   |                                       |   |  |
|---|---------------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>  |                                       | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> |  |
| b. CITY (if outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Bois D Arc</u>          | Length of stay in lb<br><u>Native</u> | c. CITY OR TOWN <u>Bois D Arc</u>   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Residence</u> |                                       | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>P. R. # 1</u>                    |

|  |                                  |   |  |                                     |   |  |
|--|----------------------------------|---|--|-------------------------------------|---|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>James</u> Middle <u>Alfred</u> Last <u>Helms</u> |                                  |   | 4. DATE OF DEATH<br>Month <u>JAN</u> - Day <u>7</u> - Year <u>1960</u> |                                     |   |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>white</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>6-20-1880</u>                                   | 9. AGE (last birthday)<br><u>79</u> | IF UNDER 1 YEAR<br>Months <u>6</u> Days <u>18</u> | IF UNDER 24 HR<br>Hours <u></u> Min. <u></u> |

|   |  |  |                             |
|---|--|--|-----------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farming</u> | 10b. KIND OF BUSINESS OR INDUSTRY                  | 11. BIRTHPLACE (City and state or country)<br><u>Greene Co, Mo, U.S.A.</u> | 12. CITIZEN OF WHAT COUNTRY |
| 13a. FATHER'S NAME<br><u>Henry Helms</u>  | 13b. MOTHER'S MAIDEN NAME<br><u>Martha P. Rose</u> | 14. NAME OF HUSBAND OR WIFE<br><u></u>                                     |                             |

|   |  |   |  |
|---|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>None</u> | 17. INFORMANT<br><u>Mrs. Marieb Clark</u> | Address<br><u>Bois D Arc R. R. # 1</u> |
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|--|------------|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> |            | INTERVAL BETWEEN ONSET AND DEATH<br><u>7 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) |   |
|  | 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.<br><input type="checkbox"/> Yes - <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|---|--|--|--|

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|--|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u></u> s.m. <u></u> p.m. <u></u> | 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 1957 to January 7, 1960 and last saw her alive on January 7, 1960  
Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

|  |   |                                    |
|--|---|------------------------------------|
| 22a. SIGNATURE<br><u>D. C. Mitchell</u> (Degree or title) <u>D. O.</u> | 22b. ADDRESS<br><u>Republic, Missouri Box 248</u> | 22c. DATE SIGNED<br><u>1/22/60</u> |
|--|---|------------------------------------|

|  |                              |  |  |
|--|------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>1-9-1960</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Yorkley</u> | 23d. LOCATION (City, town, or county) (State)<br><u>E. of Hobbtown Mo.</u> |
|--|------------------------------|--|--|

|  |                              |  |  |
|--|------------------------------|--|--|
| 24. FUNERAL DIRECTOR<br><u>Morris Leiman</u> | ADDRESS<br><u>Miller Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>1-25-60</u> | 26. REGISTRAR'S SIGNATURE<br><u>Effie S. Muelton</u> |
|--|------------------------------|--|--|

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~or by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed *S. R. Feiman*

Licensed Embalmer No. 3297

P. O. Address Miller T

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