

JRL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005451

FILED VS FEB 17 1960

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24

STATE FILE NUMBER

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Cass</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pleasant Hill</u> | | Length of stay in 1b <u>3 yrs.</u> | c. CITY OR TOWN <u>Pleasant Hill</u> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>128 S. Armstrong</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>128 S. Armstrong</u> |
| 3. NAME OF DECEASED (Type or print) First <u>Laura</u> Middle <u>Lourella</u> Last <u>Helmig</u> | | | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>6,</u> Year <u>1960</u> |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</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>5/31/86</u> |
| 9. AGE (last birthday) <u>73</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY ----- | 11. BIRTHPLACE (City and state or country) <u>Claibourne Co., Tenn.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>William Bundren</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Harriet Jennings</u> | | 14. NAME OF HUSBAND OR WIFE <u>Robert Helmig</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT Address <u>Robert Helmig Pleasant Hill, Missouri</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cerebrovascular accident</u> DUE TO (b) <u>Essential hypertension</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>17 yrs.</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus - 1 yr.</u> | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 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.) | |
| 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 <u>2-6-60</u> to <u>2-6-60</u> and last saw her <u>him</u> alive on <u>2-6-60</u> Death occurred at <u>1:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Dr. Helmig MD</u> | | 22b. ADDRESS <u>Pleasant Hill, Mo</u> | 22c. DATE SIGNED <u>2-6-60</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>2/8/60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u> | 23d. LOCATION (City, town, or county) (State) <u>Pleasant Hill, Missouri</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Brownfield-Stanley Pleasant Hill, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Feb-8-1960</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. Gray Sebrer</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. 594
working under my personal supervision.

Student

Donald R. Wagner
Signature of Student Embalmer

Signed

Raymond D. Stanley

Licensed Embalmer No. 5008

P. O. Address Pleasant A

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.