

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015984

FILED VS MAY 10 1960

Registration District No. 171 Primary Registration District No. 4267 Registrar's No. 16

STATE FILE NUMBER

INDEXED  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Lafayette</b> (admission)					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Odessa</b>		Length of stay in 1b <b>4 yrs</b>		c. CITY OR TOWN <b>Odessa</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>307 So. First</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>307 So. First</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Walton</b> Middle <b>Waldo</b> Last <b>Helphrey</b>				4. DATE OF DEATH Month <b>May</b> Day <b>7</b> Year <b>1960</b>					
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>6-16-1906</b>			
				9. AGE (last birthday) <b>53</b>		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>		11. BIRTHPLACE (City and state or country) <b>Leeton, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>Levi Helphrey</b>			13b. MOTHER'S MAIDEN NAME <b>Ina Smith</b>			14. NAME OF HUSBAND OR WIFE <b>wife Ernestine Helphrey</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give <u>6066</u> dates of service)			16. SOCIAL SECURITY NO. <b>500-28-0693</b>		17. INFORMANT Address <b>Mrs Ernestine Helphrey, Odessa, M</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>							INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b>		
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) <b>Precordial pain several times past month</b>						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 checked="" type="checkbox"/>		20a. ACCIDENT / SUICIDE / HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <b>at death</b> to _____ and last saw <sup>her</sup> him alive on <b>5-7-60</b> Death occurred at <b>5 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>M Martin</b> (Degree or title)				22b. ADDRESS <b>Odessa Mo</b>				22c. DATE SIGNED <b>5-7-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>5-9-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>McKindree Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>5 mi SW Odessa, Mo.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Ralph O. Jones, Odessa, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>5/7/1960</b>		26. REGISTRAR'S SIGNATURE <b>Emma Davidsew</b>			

STATEMENT BY LICENSED EMBALMER

MAY 12 1960

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 Ralph P. Jones

Licensed Embalmer No. 460

P. O. Address Odessa

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.