

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS OCT 25 1960

-60-038860

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 87

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>LA FAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LA FAYETTE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HIGGINSVILLE</u>		Length of stay in 1b	c. CITY OR TOWN <u>HIGGINSVILLE</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>207 FAIRBANKS AVE</u>
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>AUGUST SIMON HELDT</u>			4. DATE OF DEATH Month Day Year <u>OCT 15- 1960</u>			
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>AUG-9-1888</u>	9. AGE (last birthday) <u>72</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>WORKED LEADY MFG. CAB.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>HOPE-OSAGE CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>FRITZ W. HELDT</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET A. HELDT</u>		14. NAME OF HUSBAND OR WIFE <u>ELLA HOMUTH HELDT</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>487-09-7576</u>		17. INFORMANT <u>HAROLD HELDT HIGGINSVILLE MO</u>		

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>Acute myocardial infarction</u>		<u>30 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>O.S.H.D.</u>	<u>Several years</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 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 Oct. 17, 1960 to Oct. 15, 1960 and last saw him alive on Oct. 15, 1960
Death occurred at 6:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Wilbur E. F. Johnson M.D.</u>		22b. ADDRESS <u>Higginsville Mo.</u>		22c. DATE SIGNED <u>10-20-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>OCT 17-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>EVANGELICAL CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>HIGGINSVILLE MISSOURI</u>	
24. FUNERAL DIRECTOR <u>WIEGERS-REYNOLDS HIGGINSVILLE MO</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 21-1960</u>	26. REGISTRAR'S SIGNATURE <u>Lutie Gordon Jordan</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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Roy J. Wiegman

Licensed Embalmer No. 2883

P. O. Address Hesperia

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