

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-009767

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 304.3 Registrar's No. 91

AMENDED

1. PLACE OF DEATH
 a. COUNTY Marion
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Marion
 c. CITY OR TOWN Hannibal Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1613 Harrison Hill Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First ANNA Middle GERTRUDE Last HELWIG
4. DATE OF DEATH Month March Day 6 Year 1961

5. SEX Female **6. COLOR OR RACE** White **7. Married** Never Married Widowed Divorced
8. DATE OF BIRTH 4/8/1865 **9. AGE** (last birthday) 95 IF UNDER 1 YEAR: Months 10 Days 28 IF UNDER 24 HR: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife **10b. KIND OF BUSINESS OR INDUSTRY** _____ **11. BIRTHPLACE** (City and state or country) Germany **12. CITIZEN OF WHAT COUNTRY** _____

13a. FATHER'S NAME Jacob Althouse **13b. MOTHER'S MAIDEN NAME** Elizabeth Dietch **14. NAME OF HUSBAND OR WIFE** Ernest Helwig (Dec 7/27/33)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ **16. SOCIAL SECURITY NO.** _____ **17. INFORMANT** Mrs. A.K. Cameron Hannibal Missouri Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Advanced arteriosclerosis with congestive failure
 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. Yes N. Unknown
 INTERVAL BETWEEN ONSET AND DEATH 3 yrs.

19. WAS AUTOPSY PERFORMED? YES NO **20a. ACCIDENT** **SUICIDE** **HOMICIDE** **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK** **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 1/12/61 to 3/6/61 and last saw her/him alive on 3/6/61
 Death occurred at 6:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] **22b. ADDRESS** 100 N. 6th, Hannibal, Mo. **22c. DATE SIGNED** 3/8/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 3/9/1961 **23c. NAME OF CEMETERY OR CREMATORY** Centenary Cemetery **23d. LOCATION** (City, town, or county) Ralls County Missouri (State) _____

24. FUNERAL DIRECTOR W. Crawford Smith Hannibal Missouri **ADDRESS** _____ **25. DATE RECD. BY LOCAL REG.** 3-9-1961 **26. REGISTRAR'S SIGNATURE** [Signature]

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 *J. Crawford Smith*

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.