

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-030540

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 157

FILED AUG 27 1962

1. PLACE OF DEATH a. COUNTY <u>Dunklin County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett, Missouri</u>		c. CITY OR TOWN <u>Kennett, Missouri</u>	
Length of stay in 1b <u>Unknown</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin County Memorial</u>		d. STREET ADDRESS (If outside, give location) <u>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Elizabeth 9 Brandon Helton</u>		4. DATE OF DEATH Month Day Year <u>August 16 1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-1-1880</u>
9. AGE (last birthday) <u>81</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>Missouri</u>
13a. FATHER'S NAME <u>Henry Snipes</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Rogers</u>	14. NAME OF HUSBAND OR WIFE <u>P. R. Helton</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>Mrs. Mary Blaylock Kennett, Mo.</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>Cancer of brain - metastases</u> DUE TO (b) <u>Cancer of left wrist -</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 yr</u>
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"/> N. <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.		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>1960</u> to <u>16 Aug 1962</u> and last saw her alive on <u>15 Aug 1962</u> . Death occurred at <u>12:25 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W. W. English MD</u>		22b. ADDRESS <u>Cardwell Mo</u>	
22c. DATE SIGNED <u>8-20-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-17-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cardwell Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Cardwell, Missouri</u>
24. FUNERAL DIRECTOR <u>Irby Funeral Home</u> ADDRESS <u>Rector, Ark</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 23-1962</u> 26. REGISTRAR'S SIGNATURE <u>Carol Husband</u>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59
1 0955
2 0923
3
4 1
5 2
6
7 0
8 2
9 180X
10
11
12 2-0
135-0

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.