

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-043286**  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 461

**FILED DEC 9 1963**

VS 300  
Rev. 4/59

1 0269

2 0630

3

4 0

5 1

6

7 0

8 0

9 332\*

10

11

12 3-0

13 3-0

DATE AMENDED									
INSTEAD OF									
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS									
ITEM NO.	SHOULD READ								
BY AFFIDAVIT OF									

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Maries</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City, Mo.</u>		Length of stay in 1b <u>1 Wk</u>	c. CITY OR TOWN <u>Meta, Mo. Rt. 1.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Meta, Mo. Rt. 1.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Benjamin Issac Helton</u>			4. DATE OF DEATH Month Day Year <u>Dec. 5, 1963.</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>1/13/1887</u>
9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>22</u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Maries Co. Mo.</u>
13a. FATHER'S NAME <u>Jesse Helton</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Sherrell</u>	14. NAME OF HUSBAND OR WIFE <u>Amanda Helton</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>No.</u>		16. SOCIAL SECURITY NO. <u>[Redacted]</u>	17. INFORMANT Address <u>Mrs Wilburn Rowden, Jefferson City.</u>
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Artery Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>			
DUE TO (c) <u>Also Bronchopneumonia</u>			<u>4 days</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"/> No <input type="checkbox"/> Unknown
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 <u>  </u> a.m. <u>  </u> 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>12/28/63</u> to <u>12/5/63</u> and last saw <u>her</u> alive on <u>12/5/63</u> Death occurred at <u>10 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert Bregant, M.D.</u> (Degree or title)		22b. ADDRESS <u>515 E. High, Jefferson City</u>	22c. DATE SIGNED <u>12/5/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/7/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crismon Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Maries Cnty, Mo.</u>
24. FUNERAL DIRECTOR <u>W. C. Birmingham</u> ADDRESS <u>Vienna, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7 December 1963</u>	26. REGISTRAR'S SIGNATURE <u>Thornia E. Richter</u>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DEC 18 1968

**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

*M C Birmingham*

Licensed Embalmer No.

*3664*

P. O. Address

*Vienna Mo*

**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.