

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 385

Primary Registration District No. 3039

Registrar's No. 28041190

STATE FILE NUMBER

1. PLACE OF DEATH  
a. COUNTY Linn

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Brookfield

Length of stay in lb  
3 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Gerding Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  
a. STATE Missouri b. COUNTY Linn

c. CITY OR TOWN Brookfield

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
323 West John

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
Pearlie (Pearl) Mae Helms

4. DATE OF DEATH  
Month Day Year  
October 29, 1964

5. SEX  
Female

6. COLOR OR RACE  
white

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
10/20/1886

9. AGE (last birthday)  
78

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.  
0 9

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
housewife

10b. KIND OF BUSINESS OR INDUSTRY  
in own home

11. BIRTHPLACE (City and state or country)  
Browning, Mo.

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

James S. King

13b. MOTHER'S MAIDEN NAME

Sarah Ann Brundies

14. NAME OF HUSBAND OR WIFE

Charles Helms (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.  
none

17. INFORMANT  
Address  
Earl Helms, Brookfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Malignant coxoplin

INTERVAL BETWEEN ONSET AND DEATH  
weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary

weeks

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Coronary of stomach

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☒ No ☐ Unknown

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 a.m. p.m. Month, Day, Year

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 1962 to 1964 and last saw him alive on 10-29-64  
Death occurred at 4 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Doctor or title)

B. O. Howell M.D.

22b. ADDRESS

Brookfield Mo

22c. DATE SIGNED

10-30-64

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Nov. 4, 1964

23c. NAME OF CEMETERY OR CREMATORY

Price Cemetery

23d. LOCATION (City, town, or county)

Linn Co. Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Hill Funeral Home, Brookfield, Mo.

25. DATE RECD. BY LOCAL REG.

10-30-64

26. REGISTRAR'S SIGNATURE

Anna Watson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

VS 300  
Rev. 4/59  
1 0585  
2 0585  
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44-38861-31 7044

2-1-31

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**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 *[Signature]*

Licensed Embalmer No. 4822

P. O. Address Chellcothy 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.