

CERTIFICATE OF DEATH

FILED SEP 9 1968 137

68 0032567

5515 Registrar's No. 202

DO NOT WRITE ON THIS STUB

9. 0
10a. 17
10b.
11. 0
12. 1
13. X8120
14.
15. 4
16. 35
17. 042
18. 0
19. CREDITS
20. 1-0

VS 300
Rev. 1/68

4.0420

5. 91

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6.0425

PARENTS

DECEASED—NAME FIRST MIDDLE LAST 1. John Edward Helton Jr.			SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) Sept. 1, 1968			
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White		AGE—LAST BIRTHDAY (YEARS) 5a. 17	UNDER 1 YEAR MONTHS 5b. 0	UNDER 1 DAY DAYS 5c. 27	DATE OF BIRTH (MONTH, DAY, YEAR) 6. Aug. 4, 1951		COUNTY OF DEATH 7a. Henry
CITY, TOWN, OR LOCATION OF DEATH 7b. Shawnee Township			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. No				7d. Hy-Way M Chillhowee, Rt. #1,
STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY) 8. Missouri		CITIZEN OF WHAT COUNTRY 9. USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Single		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11.	
SOCIAL SECURITY NUMBER 12. 489 56 436		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Student			KIND OF BUSINESS OR INDUSTRY 13b.		
RESIDENCE—STATE 14a. Missouri		COUNTY 14b. Henry	CITY, TOWN, OR LOCATION 14c. Clinton		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. Yes	STREET AND NUMBER 14e. 307 N. Main St.	
FATHER—NAME 15. John Edward Helton Sr.			MOTHER—MAIDEN NAME 16. Mary Miller Helton				
INFORMANT—NAME 17a. John Edward Helton Sr.				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. 307 N. Main St. Clinton, Missouri 64735			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) Non Natural Causes.				Immed.	
DUE TO, OR AS A CONSEQUENCE OF:		(b) Probable Skull Fracture and					
CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (D), STATING THE UNDERLYING CAUSE LAST		(c) Chest injury					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (E)						AUTOPSY (YES OR NO) 19a. No	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. Accident		DATE OF INJURY (MONTH, DAY, YEAR) 20b. 9-1-68	HOUR 20c. approx 11 A.M.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d. Auto Accident			
INJURY AT WORK (SPECIFY YES OR NO) 21a.		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 21b.		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 21c.			
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
21a. unattended				21c.	21d. did	21e. 1 A M.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.				HOUR OF DEATH 22a. approx 11 A.M.		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR 22b. 9-1-68	
CERTIFIER—NAME (TYPE OR PRINT) 23a. Richard H. King MD		SIGNATURE 23b. Richard H. King MD		DEGREE OR TITLE 23c. MD		DATE SIGNED (MONTH, DAY, YEAR) 23d. 9-3-68	
MAILING ADDRESS—CERTIFIER 23a. Henry County Coroner		STREET OR R.F.D. NO. 23b. 1063 3rd		CITY OR TOWN 23c. Clinton		STATE ZIP 23d. Mo 64735	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. Englewood Cemetery		LOCATION 24c. Clinton, Missouri		STATE 24d. 64735	
DATE (MONTH, DAY, YEAR) 24a. Sept. 3, 1968		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24b. Vansant Funeral Home, Clinton, Missouri 64735					
FUNERAL DIRECTOR—SIGNATURE 25a. J. H. Vansant		REGISTRAR—SIGNATURE 25b. Mildred Bigum		DATE RECEIVED BY LOCAL REGISTRAR 25c. Sept. 3, 1968			

Type or print in PERMANENT BLACK INK. See handbook for instructions.

BU

FEB 6 1969

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 H. D. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton 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.

Permit obtained 9-3-68
M.D.