

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5795**  
Registrar's No. **424**

FILED MAR 4 1954 REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **4450**

1. PLACE OF DEATH a. COUNTY <b>Ripley</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ripley</b>	
b. CITY OR TOWN <b>Doniphan</b>	c. LENGTH OF STAY (in this place) <b>8 years</b>	c. CITY OR TOWN <b>Doniphan</b>	d. STREET ADDRESS (If rural, give location) <b>0910 0</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>111 Sycamore</b>		d. STREET ADDRESS (If rural, give location) <b>111 Sycamore</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Martha</b> b. (Middle) <b>Jane</b> c. (Last) <b>Helm.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 14, 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept. 12, 1884</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR: Months <b>3</b> Days <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Wayne County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>Perry C. Bennett</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Jane Neighbors</b>	14. NAME OF HUSBAND OR WIFE <b>Cornelius Helm.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>- - -</b>	17. INFORMANT'S SIGNATURE OR NAME <b>C. D. Helm</b> ADDRESS <b>Doniphan, Mo.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac failure</b>		<b>6 months</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerotic heart disease</b> DUE TO (c) <b>Carcinoma of uterus</b>		<b>10 years</b> <b>6 years</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10/6**, 1953, to **2/14**, 1954, that I last saw the deceased alive on **2/14**, 1954, and that death occurred at **5:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Frank Johnson</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Doniphan Mo.</b>	23c. DATE SIGNED <b>2/15/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 16, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shiloh Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Shook, Missouri</b>

DATE REC'D BY LOCAL REG. <b>3-16-54</b>	REGISTRAR'S SIGNATURE <b>C. D. Johnson</b> 277	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ray Meares</b> ADDRESS <b>Doniphan, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 .....  
Student Embalmer

Signed Ray Mesmer

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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 this body is not embalmed, fact should be so stated above.