

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0026700

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Registration District No.

1. PLACE OF DEATH

a. COUNTY Henry

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

TOWN Winsor

Length of stay in 1b

1 day

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Windsor Hospital

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Henry

c. CITY

OR TOWN

Calhoun

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

R.F.D. No. 2

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First William Middle Thomas Last Lee JONES

4. DATE OF DEATH

Month July Day 9, Year 1964

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

July 14-14 49

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

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

Craftsman

10b. KIND OF BUSINESS OR INDUSTRY

Basket Maker

11. BIRTHPLACE (City and state or country)

Branson, Mo.

12. CITIZEN OF WHAT COUNTRY

U S

13a. FATHER'S NAME

George Jones

13b. MOTHER'S MAIDEN NAME

Lela Jones

14. NAME OF HUSBAND OR WIFE

Geneva Jones

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.

17. INFORMANT

Address

Mrs. Geneva Jones Calhoun 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)

Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

24 hours

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

DUE TO (b)

Acute coronary occlusion

24 hours

DUE TO (c)

Arteriosclerotic Heart Disease years

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

Chronic congestive heart failure

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. 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

July 8 1964

to July 9 1964

and last saw him alive on

July 9 1964

Death occurred at

11:40

P

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

116 South Main St.
Windsor, Missouri

22c. DATE SIGNED

7-10-64

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

July 13, 1964

23c. NAME OF CEMETERY OR CREMATORY

Rose Hill

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

Willard Mo.

24. FUNERAL DIRECTOR

ADDRESS

Huston Funeral Home Windsor Mo.

25. DATE RECD. BY LOCAL REG.

7-13-1964

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

1832000

1122 11

1832000

1122 11

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Green Ridge, 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.