

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

44 67 0001362

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No.

FILED FEB 6 1967

1. PLACE OF DEATH

a. COUNTY Henry

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

a. STATE Missouri b. COUNTY Henry

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

Length of stay in 1b  
5 days

c. CITY OR TOWN Leesville Twsp

Inside Limits  
Yes ☐ No ☒

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

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
Clinton RFD 2

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

First Ernest

Middle

Last Jones

4. DATE OF DEATH

Month February Day 4, Year 1967

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
7/12/92

9. AGE (last birthday)  
74

IF UNDER 1 YEAR  
Months Days Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY  
Kankakee Co. Ill.

11. BIRTHPLACE (City and state or country)  
Kankakee Co. Ill.

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Ralph Jones

13b. MOTHER'S MAIDEN NAME

Alice Mott

14. NAME OF HUSBAND OR WIFE

Ethyl Jones

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

16. SOCIAL SECURITY NO.  
327-12-8679

17. INFORMANT  
Ethyl Jones Clinton RFD 2, 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)

Medullary prolytic

INTERVAL BETWEEN ONSET AND DEATH

minutes

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

DUE TO (b)

Coronary Heart Failure

5-hrs

DUE TO (c)

acute myocardial infarction

-16-hrs

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

Diabetes atherosclerosis

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.

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 1/31/67 to 2/4/67 and last saw her alive on 2/4/67  
Death occurred at 12:00 noon 2/4/67 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Type or title)

James C. Clouse Do

22b. ADDRESS

1057 Ohio Clinton, Mo

22c. DATE SIGNED

2/4/67

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Feb 4, 1967

23c. NAME OF CEMETERY OR CREMATORY

Via Auto

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

Momence, Illinois

(State)

24. FUNERAL DIRECTOR

ADDRESS

Consalus Funeral Home, Clinton, Mo.

25. DATE RECD. BY LOCAL REG.

Feb. 4, 67

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1 0425

2 0420

3

4 0

5 1

6

7 1

8 0

9 4201

10

11

12 2-2

13 1-0

FEB 10 1967

### 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

*Eugene R. Consalus*

Licensed Embalmer No.

*4680*

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 2-4-67  
MB