

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67 0047954

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

316

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED DEC 26 1967

1. PLACE OF DEATH

a. COUNTY

Henry

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

OR TOWN Clinton

Length of stay in 1b

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

HOSPITAL OR INSTITUTION

Clinton General Hosp.

Inside Limits

Yes ☒ No ☐

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

a. STATE

Mo.

b. COUNTY

Henry

c. CITY OR TOWN

Clinton

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

314 N. Main St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Albert

Middle

Russell

Last

Himes

4. DATE OF DEATH

Month

Day

Year

Dec. 18, 1967

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/16/1927

9. AGE (last birthday)

40

IF UNDER 1 YEAR

Months

Days

Hours

Min.

8

2

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

Refrigeration Engineer-Clearfield

10b. KIND OF BUSINESS OR INDUSTRY

Cheeze Co.

11. BIRTHPLACE (City and state or country)

Ringgold, Pa.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Russell Himes

13b. MOTHER'S MAIDEN NAME

Alta Reitz

14. NAME OF HUSBAND OR WIFE

Kathryn Himes

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

Yes

W. W. 2

16. SOCIAL SECURITY NO.

188 24 7444

17. INFORMANT

Kathryn Himes,

314 N. Main St.

Clinton, 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)

DUE TO (b)

DUE TO (c)

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

Myocardial infarction of stomach with metastasis

INTERVAL BETWEEN ONSET AND DEATH

13 months

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

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 12-16-67 to 12-18-67 and last saw her alive on 12-18-67

Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Richard H. Himes

22b. ADDRESS

106 S. 3rd Clinton Mo.

22c. DATE SIGNED

12-19-67

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12/20/67

23c. NAME OF CEMETERY OR CREMATORY

Ringgold Cemetery

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

Ringgold, Pa.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Vansant Funeral Home, Clinton, Mo.

25. DATE RECD. BY LOCAL REG.

Dec. 19, 1967

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

DEC 29 1967

JAN 2 1968

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 Lee Ward, Student Embalmer No. 822
working under my personal supervision.

Student Lee Ward
Signature of Student Embalmer

Signed H. A. 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.

Removal Obtained 12-19-67

WV