

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER **67 0026866**

Registration District No. 137 Primary Registration District No. 5506 Registrar's No. 168

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 17 1967

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton Township		c. CITY OR TOWN Clinton,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 Mi. West Clinton Hy-18		d. STREET ADDRESS (If outside, give location) 1000 E. Franklin St.	
3. NAME OF DECEASED (Type or print) First James Middle Earl Last Jones		4. DATE OF DEATH Month July Day 7 Year 1967	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/5/1948
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 18
11. BIRTHPLACE (City and state or country) Clinton, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Elijah S. Jones		13b. MOTHER'S MAIDEN NAME Anna May Jolley	
14. NAME OF HUSBAND OR WIFE		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. 492 54 3693		17. INFORMANT Elijah S. Jones, Clinton, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Compound Skull Fracture			INTERVAL BETWEEN ONSET AND DEATH immed.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Abrasions - Rt arm - Check.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell from Truck	
20c. TIME OF INJURY Hour 5 p.m. Month, Day, Year 7-7-67			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 18 - Mo.	
20f. CITY, TOWN, OR LOCATION 1 mi. West Clinton		COUNTY Henry STATE Mo.	
21. I attended the deceased from unattended , to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE Richard H. King M.D. (Degree or title) Henry County, Mo.		22b. ADDRESS 1065 3rd Clinton Mo.	
22c. DATE SIGNED 7-10-67			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 10, 1967	23c. NAME OF CEMETERY OR CREMATORY Clinton Memory Garden, Inc. Clinton, Missouri	
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR Vansant Funeral Home, Clinton, Mo.	
25. DATE RECD. BY LOCAL REG. July 10, 1967		26. REGISTRAR'S SIGNATURE Mildred Biggs	

VS 300 Rev. 4/59
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20425
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DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ
ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 J. H. Tansant

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.