

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67 0026867
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 131 Primary Registration District No. 3023 Registrar's No. 192

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 7 1967

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		Length of stay in 1b <u>35 years</u>	c. CITY OR TOWN <u>CLINTON</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Osteopathic</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>210 No. WATER</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>MATTIE</u> Middle <u>J.</u> Last <u>Jones</u>			4. DATE OF DEATH Month <u>July</u> Day <u>27</u> Year <u>1967</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cauc.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/28/1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>APARTMENT RENTAL</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>APARTMENT OWNER</u>	9. AGE (last birthday) <u>75</u>
11a. FATHER'S NAME <u>William Fuson</u>		11b. MOTHER'S MAIDEN NAME <u>CAROLINE VAUGHAN</u>	11. BIRTHPLACE (City and state or country) <u>Union Star, Missouri</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13. NAME OF HUSBAND OR WIFE <u>William Jones</u>			14. NAME OF HUSBAND OR WIFE <u>William Jones</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis & Myocardial infarction</u>			<u>26 days</u>
DUE TO (c) <u>Atherosclerosis</u>			
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. <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 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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>12-18-64</u> to <u>7-27-67</u> and last saw her/him alive on <u>7-27-67</u> Death occurred at <u>12:50 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R.E. Harbaugh D.O.</u>		22b. ADDRESS <u>105 E. Ohio, Clinton, Mo</u>	22c. DATE SIGNED <u>7-28-67</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 31, 1967</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Clinton, Missouri</u>
24. FUNERAL DIRECTOR <u>R.E. Nichols Chapels</u>		ADDRESS <u>Clinton, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>July 31, 1967</u>
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>			

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 RE Nichols

Licensed Embalmer No. 4997

P. O. Address Clinton, MD.

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.