

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67 0030596

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 5518 Registrar's No. 209

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 22 1967

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

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) Walker Twp.		c. CITY OR TOWN Clinton	
c. FULL NAME OF (If NOT in hospital, give location) Montrose, Mo. Rt. # 1,		d. STREET ADDRESS (If outside, give location) 303 Sunrise Dr.	
3. NAME OF DECEASED (Type or print) Frank - Jones		4. DATE OF DEATH Aug. 14, 1967	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/21/1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shovel operator		10b. KIND OF BUSINESS OR INDUSTRY Coal Miner	11. BIRTHPLACE (City and state or country) Lamar, Mo.
13a. FATHER'S NAME Mark Jones		13b. MOTHER'S MAIDEN NAME Louise Denison	14. NAME OF HUSBAND OR WIFE Esta 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. 344 01 4273	17. INFORMANT 303 Sunrise Dr. Mrs. Frank 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) Unknown Natural Causes Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. - body mangled by logs			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None			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 <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		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 Clinton COUNTY Henry STATE Mo.	
21. I attended the deceased from _____ to Unattended and last saw ^{her} him alive on Viewed body 8/14/67 Death occurred at Approximately 10 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE S. B. Hughes (Degree & title) Acting State M.D. Henry Co. Mo.		22b. ADDRESS Clinton, Mo.	
22c. DATE SIGNED 8/16/67			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 17, 1967	23c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery	23d. LOCATION (City, town, or county) (State) Clinton, Missouri
24. FUNERAL DIRECTOR Vansant Funeral Home, Clinton, Mo.		25. DATE RECD. BY LOCAL REG. Aug 16, 67	26. REGISTRAR'S SIGNATURE Mildred Bigum

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

AUG 21 1967

AUG 28 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 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.

Summit Obtained 8-18-67 (MS)