

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10763**

Registration District No. **327**

Primary Registration District No. **4194**

Registrar's No. **10**

1. PLACE OF DEATH:

- (a) County **Gentry**
(b) City or town **Galt**
(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community **Life**
years, months or days

3. (a) PRINT FULL NAME **LYCURGUS A. PROFFITT**

8. (b) If veteran, **✓** name war _____ 8. (c) Social Security No. **✓**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Mary Proffitt** 6. (c) Age of husband or wife if alive **85** years

7. Birth date of deceased **April 5 1848**
(Month) (Day) (Year)

8. AGE: Years **92** Months **11** Days **24** If less than one day _____ hr. _____ min.

9. Birthplace **Chanton Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business _____

12. Name **James H Proffitt**
13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ann Kitchen**
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs E.R. Baker**
(b) Address **Galt Mo**

17. (a) **Burial** (b) Date thereof **March 31 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation **Rural Val. Cemetery**

18. (a) Signature of funeral director **R. G. Berry**
(b) Address **Galt Mo**

19. (a) **3-318-4** (b) **H. C. Weston**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Mo** (b) County **Gentry**
(c) City or town **Galt**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **29**
year **1941** hour **10** minute **0** P.M.

21. I hereby certify that I attended the deceased from **October 13**
1940, to **March 10** 1941;
that I last saw him alive on **March 10** 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**
Duration **?**

Due to _____
Due to _____

Other conditions **Cerebral Thrombosis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **2**

(Specify type of place) _____
While at work? _____ (e) Means of injury **2**

23. Signature **R. G. Berry** (M. D. or other) **2**
Address **Galt, Missouri** Date signed **3/31/41**

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed PK Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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 this body is not embalmed, above space should be left blank.