

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3801

BIRTH NO. _____		REG. DIST. NO. <u>354</u>		PRIMARY REG. DIST. NO. <u>620</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Wap</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seargent PR</u>		c. LENGTH OF STAY (In this place) <u>12 1/2</u>		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Seargent</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mable</u> b. (Middle) <u>Whitty</u> c. (Last) <u>Proffitt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>17</u> <u>1949</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1/29/1894</u>	
9. AGE (In years last birthday) <u>54</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Chicago, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Fred Whitty</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Farrow</u>		14. NAME OF HUSBAND OR WIFE <u>Bruce Proffitt</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>		17. INFORMANT'S SIGNATURE OR NAME <u>Bruce Proffitt</u>		ADDRESS <u>Seargent Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>170X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Dec 15, 1949</u> , to <u>Jan 16, 1949</u> , that I last saw the deceased alive on <u>Jan 16, 1949</u> , and that death occurred at <u>4:24</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harriet Loggins</u>				23b. ADDRESS <u>Labool, Mo.</u>		23c. DATE SIGNED <u>Jan 19/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/19/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pisgah</u>		24d. LOCATION (City, town, or county) (State) <u>Seargent Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-19-49</u>		REGISTRAR'S SIGNATURE <u>Raynell Cunningham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Burns Funeral Home</u>		ADDRESS <u>Willow Springs</u>	

(Licensed Embalmer's Statement on Reverse Side)

100.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-9-49
District Health Officer No. 5,
District File Number 249141
Date Filed 2-12-49

OCT 17 1949
1000

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.....

Fred W. Barnes, Student Embalmer No. 244

working under my personal supervision.

Signed J. C. Burns

Signed Fred W. Barnes
Student Embalmer

Licensed Embalmer No. 3379

P. O. Address Willow Springs, 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 this body is not embalmed, fact should be so stated above.