No. 300
10-48

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7651

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 6294 Registrar's No. 26

16
0
0

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

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Kinder
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Kinder
d. STREET ADDRESS (If rural, give location): 2 mi. South of Millersville Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Emily
b. (Middle):
c. (Last): Proffer

4. DATE OF DEATH (Month) (Day) (Year): April 3 1949

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4/13/1873
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Henry Welty
13b. MOTHER'S MAIDEN NAME: Elviria Moore
14. NAME OF HUSBAND OR WIFE: ~~Ewing~~ Lee Proffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Ewing Proffer — ADDRESS: Jackson Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Dont Know
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None 45 — no

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 20, 1949, *to* April 5, 1949, *that I last saw the deceased alive on* April 1, 1949, *and that death occurred at* 12:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D.G.L. Seabaugh M.D.
23b. ADDRESS: Jackson Mo
23c. DATE SIGNED: 4-4-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/5 day/49
24c. NAME OF CEMETERY OR CREMATORY: Gladish
24d. LOCATION (City, town, or county) (State): Jackson R2 Mo.

DATE REC'D BY LOCAL REG.: Mar 4-49
REGISTRAR'S SIGNATURE: D.G. Seabaugh 43 0
25. FUNERAL DIRECTOR'S SIGNATURE: McCombs Furn + Und Co — ADDRESS: Jackson, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
Date of File Number 449-14
4-11-49

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 .....
Student Embalmer

Signed B. L. Meyer

Licensed Embalmer No. 3057

P. O. Address Jackson Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.