No. 300
10.48

FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14617
State File No.

BIRTH NO. _____ REG. DIST. NO. *356* PRIMARY REG. DIST. NO. *6209* Registrar's No. *10*

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. COUNTY *TEXAS*	a. STATE *MISSOURI* b. COUNTY *TEXAS*
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *RURAL PINEY* c. LENGTH OF STAY (in this place) *3 YRS*	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *CABOOL*
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) *TEXAS COUNTY HOME*	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) *Jeremiah*	b. (Middle)	c. (Last) *PROFFITT*	4. DATE OF DEATH (Month) (Day) (Year) *MARCH 18 1949*

5. SEX *MALE*	6. COLOR OR RACE *White*	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH *MARCH 7 1854*	9. AGE (In years last birthday) *95*	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) *UNKNOWN*	10b. KIND OF BUSINESS OR INDUSTRY *UNKNOWN*	11. BIRTHPLACE (State or foreign country) *UNKNOWN*	12. CITIZEN OF WHAT COUNTRY *U.S.A*

13a. FATHER'S NAME *UNKNOWN*	13b. MOTHER'S MAIDEN NAME *UNKNOWN*	14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) *NO* (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME *TEXAS COUNTY HOME* ADDRESS *HOUSTON, MO*

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Degenerative Heart Disease with acute Cardio-Respiratory failure*	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) *Carcinoma (primary) of skin over facial area (severe)*	
	DUE TO (c) *Severe Secondary Anemia*	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. *Senility*	*140X*

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 *Nov 12*, 19*49*, to *Mar 12*, 19*49*, that I last saw the deceased alive on *Mar 12*, 19*49*, and that death occurred at *2:30* *p* m., from the causes and on the date stated above.

23a. SIGNATURE *S. J. Burns, M.D.* (Degree or title)	23b. ADDRESS *Houston, MO*	23c. DATE SIGNED *Nov 14 49*

24. BURIAL, CREMATION, REMOVAL (Specify) *BURIAL*	24b. DATE *3/15/49*	24c. NAME OF CEMETERY OR CREMATORY *CABOOL*	24d. LOCATION (City, town, or county) *CABOOL, MO*	(State)

DATE REC'D BY LOCAL REG. *March 28-49*	REGISTRAR'S SIGNATURE *Myrtie Craig 327*	25. FUNERAL DIRECTOR'S SIGNATURE *Gaylord V. Elliott* ADDRESS *HOUSTON, MO*

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed _Frank E. Wood_

Signed ....
            Student Embalmer

Licensed Embalmer No. _4026_

P. O. Address _Houston, 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.