

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4596

State File No.

402
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BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u> <u>5407</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>11</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS WILLIAM</u> b. (Middle) <u>PROFFITT</u> c. (Last) <u>PROFFITT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-6-50</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Sept 15 1874</u>
9. AGE (In years last birthday) <u>75</u>		10. MONTHS <u>3</u>	11. DAYS <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labourer</u>		11. BIRTHPLACE (State or foreign country) <u>Brookfield Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>La Proffitt</u>		13b. MOTHER'S MAIDEN NAME <u>Mary J Proffitt</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. W. Proffitt Trenton 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 Gall-Bladder</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>155X</u>			
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 Nov. 1st, 1949, to Jan 6th, 1950, that I last saw the deceased alive on Jan 5th, 1950, and that death occurred at 12:50 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clara P. Duffy M.D.</u>		23b. ADDRESS <u>Trenton Mo Jan 6th 1950</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-8-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Galt West Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Galt Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. K. Paynter Galt Mo</u>			

DATE REC'D BY LOCAL REG. Jan 8-50 REGISTRAR'S SIGNATURE Irene Fair 115

(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.

Student
Student Embalmer

Signed _____

P. K. 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, fact should be so stated above.