

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8179

BIRTH NO. _____		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 5389		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dent			
b. CITY (If outside corporate limits, write RURAL and give township) Bunker		c. LENGTH OF STAY (in this place) 20 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Bunker		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION None							
3. NAME OF DECEASED (Type or Print) Stella		a. (First)		b. (Middle) Proffitt		c. (Last)	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 3, 1882	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --		9. AGE (In years last birthday) 67		11. BIRTHPLACE (State or foreign country) Missouri	
13a. FATHER'S NAME Benjamin S. Ellis		13b. MOTHER'S MAIDEN NAME Caroline Sellers		14. NAME OF HUSBAND OR WIFE Albert Proffitt		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME Albert Proffitt, Bunker, Mo		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Liver  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.  156A				INTERVAL BETWEEN ONSET AND 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) m.		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 4/2/50, 19, to 3/18/50, 19, that I last saw the deceased alive on 3/18/50, 19, and that death occurred at 11:00a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L. L. Henson M.D.				23b. ADDRESS Bunker, Mo		23c. DATE SIGNED 3-23-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/19/50		24c. NAME OF CEMETERY OR CREMATORY Bunker Cemetery		24d. LOCATION (City, town, or county) (State) Bunker, Missouri	
DATE REC'D BY LOCAL REG. 3-25-50		REGISTRAR'S SIGNATURE M. M. Hart		25. FUNERAL DIRECTOR'S SIGNATURE C. R. Spencer		ADDRESS Bunker, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

0330

RECEIVED 3-31-50

District Health Officer No. 5,

District File Number 3-50-4209

Date Filed 3-31-50

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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

*Wm W. McFaul*

Licensed Embalmer No. 3806

P. O. Address Salem, Mo.

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

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