

FILED JUN 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17806**

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIONVILLE</u> c. LENGTH OF STAY (in this place) <u>42 YEARS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXXXXXXX</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PUTNAM</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIONVILLE</u> d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUTHER</u> b. (Middle) <u>EVERETT</u> c. (Last) <u>PROFFER</u>			4. DATE OF DEATH <u>MAY 26, 1950</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUGUST 25, 1882</u>	
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INSURANCE SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INSURANCE</u>		11. BIRTHPLACE (State or foreign country) <u>WHITE WATER, MISSOURI</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INSURANCE SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INSURANCE</u>		11. BIRTHPLACE (State or foreign country) <u>WHITE WATER, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN A. PROFFER</u>		13b. MOTHER'S MAIDEN NAME <u>EMA LAIL</u>		14. NAME OF HUSBAND OR WIFE <u>NETA PROFFER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (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>MRS. NETA PROFFER</u> ADDRESS <u>UNIONVILLE, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Had previous</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>hemorrhage, 3 years ago</u> DUE TO (b) <u>arteriosclerosis &amp; hypertension</u> 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>48 hours</u> <u>331X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ 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 <u>aug 1947</u> to <u>May 26, 1950</u> , that I last saw the deceased alive on <u>May 26, 1950</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles L. Judd M.D.</u> (Degree or title)				23b. ADDRESS <u>Unionville, Mo.</u>		23c. DATE SIGNED <u>5/28/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 29, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNIONVILLE, CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>UNIONVILLE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>6-3-1950</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u> <u>266</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James W. Comstock</u> ADDRESS <u>COMSTOCK FUNERAL HOME, UNIONVILLE, MO.</u>			

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

JUL 21 1950

NOV 27 1956

JUN 15 1950

RECEIVED JUN 5 1950  
District Health Officer No.  
District File Number 6-50-  
Data Filed

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 Richard J. Casady

Licensed Embalmer No. 4617

P. O. Address Unionville, N.C.

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.