

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27773

State File No. _____

FILED SEP 10 1951

Dr. M. L. Lewis

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 3908 Registrar's No. KJ

1. PLACE OF DEATH a. COUNTY <u>Bemiscot</u> <u>0780</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele</u> <u>0780</u>	
c. LENGTH OF STAY (In this place) <u>17yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Holland Prop.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not of hospital or institution, give street address or location) <u>Holland Prop.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sterling</u> b. (Middle) <u>Dotson</u> c. (Last) <u>Proctor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 9 1951</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>April 19 1867</u>
9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 1 YEAR Days <u>21</u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Durham N.C.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Henry Proctor</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Vickers</u>	
		14. NAME OF HUSBAND OR WIFE <u>Mrs Lela Proctor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Edna Proctor Steele, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>High Blood pressure</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
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) (Minute)		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>8-8</u> , 19 <u>51</u> , to <u>8-9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-9</u> , 19 <u>51</u> , and that death occurred at <u>1:30p m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. C. McLean M.D.</u>		23b. ADDRESS <u>Holland Mo</u>	
		23c. DATE SIGNED <u>8-21-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-12-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Robinson Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Belle Tenn.</u>	
DATE REC'D BY LOCAL REG. <u>9-5-51</u>		REGISTRAR'S SIGNATURE <u>E. A. Robinson</u> <u>149</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>German Funeral Home Steele, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

9-51-212

Ret. SEP 6 1951

S. B. Beecher, M. D.,
Peniscot County Health Department,
Caruthersville, Missouri

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *John W. German*

Licensed Embalmer No. *4350*

P. O. Address *Hayti, 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.