

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41353**

FILED JAN 3 1952

BIRTH NO. --- REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **168**

462  
0

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

1. PLACE OF DEATH a. COUNTY <b>Andrew</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>REXMOON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>INDALE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wright Hosp</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
3. NAME OF DECEASED a. (First) <b>ALBERT</b> b. (Middle) <b>A.</b> c. (Last) <b>Proctor</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 15, 1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Aug 3, 1883</b>
9. AGE (In years last birthday) <b>68</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Marshall</b>	11. BIRTHPLACE (State or foreign country) <b>Grady County, Mo</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Marshall</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>dry store</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Brook Proctor</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET E. Loney</b>	14. NAME OF HUSBAND OR WIFE <b>Marshall</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Murder Lewis Indale Mo</b> ADDRESS <b>Indale Mo</b>	
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) <b>Fract Left Femur (Hx)</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Paralysis Agitans 20 years</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E9035</b>	
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) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>near house, Indale</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>040 Indale Grady Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec 12-1957 6:30</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>walking on street - slipped icy</b>	
22. I hereby certify that I attended the deceased from <b>Dec 12, 1957</b> to <b>Dec 15, 1957</b> , that I last saw the deceased alive on <b>Dec 15, 1957</b> , and that death occurred at <b>9:45 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>E. A. Duffey Mo</b>		23b. ADDRESS <b>Lexington Mo</b>	23c. DATE SIGNED <b>Dec 17, 1957</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-17-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Proctor Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Grady County, Mo</b>
DATE REC'D BY LOCAL REG. <b>12/17/57</b>	REGISTRAR'S SIGNATURE <b>Lenee Jan 115</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Davis - Blackman</b> ADDRESS <b>Indale Mo</b>	

APR 24 1952

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 *Jordan Bliskin*

Licensed Embalmer No. 4602

P. O. Address Trenton

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.