.S. No. 300
EV. 10.48

FILED MAY 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12163

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 201

0124

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

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ---

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff 0124
d. STREET ADDRESS (If rural, give location): 509 Poplar 0

3. NAME OF DECEASED (Type or Print)
a. (First): Letus
b. (Middle): M.
c. (Last): Proffer

4. DATE OF DEATH (Month) (Day) (Year): April 19, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: July 11, 1886
9. AGE (In years last birthday): 65 — If under 1 year: Months 9, Days 8 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Compton Proffer
13b. MOTHER'S MAIDEN NAME: Vinnie Duese
14. NAME OF HUSBAND OR WIFE: Mrs. Neenie Proffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 487-24-8969
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Neenie Proffer 509 Poplar, Bluff, Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tumor left lung — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probable Malignancy — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Thrombocytopaenic Purpura 2 mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 163X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 51, 19__, *to* 19 April, 1952 *that I last saw the deceased alive on* 14 April, 1952, *and that death occurred at* 9 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Brookeson MD
23b. ADDRESS: 321 Oak Poplar Bluff Mo
23c. DATE SIGNED: 23 April 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-21-52
24c. NAME OF CEMETERY OR CREMATORY: Bloomfield Cemetery
24d. LOCATION (City, town, or county) (State): Bloomfield, Stoddard, Mo.

DATE REC'D BY LOCAL REG.: 24 Apr. 52
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Chiles Und. Co. Bloomfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
April 30 MAY 5 1952
BUTLER CO. HEALTH CENTER
FILE No. 552-218

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, ~~by~~ to Luke Cooper # 3499, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed John C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.