

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18566**

ED MAY 19 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No. \_\_\_\_\_

0540

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Odessa Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Odessa Mo 0540</u>	
c. LENGTH OF STAY (in this place) <u>8 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>406 S 1st St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		_____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lorain</u> b. (Middle) _____ c. (Last) <u>Proctor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 13 1953</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>Apr 18-1890</u>		9. AGE (In years last birthday) <u>73</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Of his kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Odessa Mo</u>	

13a. FATHER'S NAME <u>Caleb Proctor</u>		13b. MOTHER'S MAIDEN NAME <u>Ester Standfield</u>		14. NAME OF HUSBAND OR WIFE <u>Belle Proctor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-30-4157</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Belle Proctor</u> ADDRESS <u>Odessa 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, ashenia, etc. It means the disease, injury, or complications which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Pancreas</u>		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) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>metastases</u>			

19a. DATE OF OPERATION <u>Aug 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intestinal obstruction</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no injury</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 March 1953, to May 12, 1953, that I last saw the deceased alive on May 12, 1953, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Odessa Mo</u>		23c. DATE SIGNED <u>5-13-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-14-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odessa</u>		24d. LOCATION (City, town, or county) (State) <u>Odessa Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>5-13-1953</u>		REGISTRAR'S SIGNATURE <u>Emma Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blincoe &amp; Sons</u> ADDRESS <u>Odessa Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

EXUL 13 1955

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.

Student Embalmer No.....

Signed..... *Horace Blinn*.....

Signed.....

Student Embalmer

Licensed Embalmer No. *2758*.....

P. O. Address. *Odessa 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.