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FILED JUL 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20942

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5189 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: Cape County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liberty
c. LENGTH OF STAY (In this place): 60 yrs
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: Mo
b. COUNTY: Cape Co
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liberty Township
d. STREET ADDRESS (If rural, give location): 3 mi East of Frump

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

4. DATE OF DEATH (Month) (Day) (Year): June 28 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 4, 1866
9. AGE (In years last birthday): 86 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: _____
11. BIRTHPLACE (City and State or Foreign Country): Frump, Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Miles Proffer
13b. MOTHER'S MAIDEN NAME: Catherine Helderman
14. NAME OF HUSBAND OR WIFE: Eliza Jane Mabrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Jason Proffer — **ADDRESS**: Crump 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): Cerebral hemorrhage
ANTECEDENT CAUSES — DUE TO (b): old age
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. — DUE TO (c): hardening of arteries
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 months

19a. DATE OF OPERATION: _____
19b. MAJOR FINDINGS OF OPERATION: 331X
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 June 26, 1953, to June 28, 1953, that I last saw the deceased alive on June 26, 1953 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): W W Davault MD
23b. ADDRESS: Delta Mo
23c. DATE SIGNED: June 29 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-29-53
24c. NAME OF CEMETERY OR CREMATORY: Proffer Cemetery
24d. LOCATION (City, town, or county) (State): Crump Mo

DATE REC'D BY LOCAL REG.: July 4-53
REGISTRAR'S SIGNATURE: D. G. Subus
25. FUNERAL DIRECTOR'S SIGNATURE: R. Miller — **ADDRESS**: Jackson Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. 4327

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.