

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

41945

State File No. _____

FILED DEC 8 1953

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6276 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Worth</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Grant City - Rural 1130</u> c. LENGTH OF STAY (in this place) <u>2 yrs</u> d. FULL NAME OF (If not in hospital of institution, give street address or location) <u>Home of Garnet Bunker</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Grant City mo-township</u> d. STREET ADDRESS (If rural, give location) <u>no street Address</u>	
3. NAME OF DECEASED a. (First) <u>Sarah</u> b. (Middle) <u>Ann</u> c. (Last) <u>Proctor</u> (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 20 1952</u>	
5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 25 - 1870</u>	9. AGE (in years last birthday) <u>83</u> <u>8</u> <u>25</u> If under 1 year: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois (town unknown)</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Anthony Scammahorn</u>		13b. MOTHER'S MAIDEN NAME <u>Mahalah Clark</u>	
14. NAME OF HUSBAND OR WIFE <u>John Wesley Proctor</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Goldie Bunker Grant City 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>Infirmities of old age</u> 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.		INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>794 X</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) _____ m.		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>May 1, 1952</u> , to <u>July 20, 1952</u> , that I last saw the deceased alive on <u>July 20, 1952</u> , and that death occurred at <u>1030 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>E. P. Nesbitt M.D.</u>		23b. ADDRESS <u>Sheridan, Mo.</u>	
23c. DATE SIGNED <u>12-2-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov 22 - 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery Grant City Missouri</u>	
24d. LOCATION (City, town, or county) (State) <u>Grant City Missouri</u>		DATE REC'D BY LOCAL REG. <u>3. 1953</u>	
REGISTRAR'S SIGNATURE <u>John E. Dawson</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John Andrews Grant City Mo</u>	

(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 _____

John Andrews
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

John Andrews

Licensed Embalmer No. *4211*

P. O. Address *Grant City 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.