

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42500**

FILED JAN 5 1954

BIRTH NO.		REG. DIST. NO. 114	PRIMARY REG. DIST. NO. 4186	Registrar's No. 66
1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MO. b. COUNTY FRANKLIN		
b. CITY (If outside corporate limits, write RURAL and give town) SULLIVAN MERAMEC		c. LENGTH OF STAY (in this place) 20yr, 3	c. CITY OR TOWN SULLIVAN MO.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 26 ELMONT RD		e. STREET ADDRESS (If rural, give location) 26 ELMONT RD. 0361		
3. NAME OF DECEASED (Type or Print) a. (First) CARTER b. (Middle) Atwater c. (Last) PROCTOR		4. DATE OF DEATH (Month) 12 (Day) 29 (Year) 1953		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Jan. 1-1888	9. AGE (In years last birthday) 65 If UNDER 1 YEAR: Months 11 Days 28 If UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor		10b. KIND OF BUSINESS OR INDUSTRY M.D.	11. BIRTHPLACE (City and State or Foreign Country) Doniphan Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Samuel A Proctor		13b. MOTHER'S MAIDEN NAME Nellie Carter	14. NAME OF HUSBAND OR WIFE Dolly Belle Schmitt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) World # 1		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Betty Proctor Sullivan 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardio-Vascular Disease Years DUE TO (c) Involvement of Right side with Cerebral Vascular Accident II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Recent 2 Weeks & 1 day		INTERVAL BETWEEN ONSET AND DEATH 40 minutes
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 4201		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)	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 Aug 2 , 1953, to Dec 29 , 1953, that I last saw the deceased alive on Dec 29 , 1953, and that death occurred at 1:45 P.m. , from the causes and on the date stated above.				
23a. SIGNATURE Robert M. Bradford M.D.		23b. ADDRESS 40 1/2 No Clark St Sullivan Mo	23c. DATE SIGNED Dec 30, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-1-1954	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Doniphan Mo.	
DATE REC'D BY LOCAL REG. 12-29-53	REGISTRAR'S SIGNATURE Thomas A. Humphrey	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Thomas T. Stoffer Sullivan Mo		

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

FEB 25 1954

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 me, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul F. Krollenber

Licensed Embalmer No. 2631

P. O. Address Sullivan

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.