

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

1158

State File No.

BIRTH NO. **FILED FEB 15 1954** REG. DIST. NO. **141** PRIMARY REG. DIST. NO. **5550** Registrar's No. **65**

1. PLACE OF DEATH a. COUNTY HOWELL b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CUREALL c. LENGTH OF STAY (in this place) 10 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION X		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOWELL c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CUREALL d. STREET ADDRESS (If rural, give location) R F D	
--	--	--	--

3. NAME OF DECEASED (Type or Print) SAMUEL BERTON PROFFITT a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 1-9-54		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 4-3-1888	9. AGE (In years last birthday) 70 If under 1 year: Months Days 8 26	If under 1 year: Hours Min. 8 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (State or foreign country) HOWELL COUNTY, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U S A					

13a. FATHER'S NAME RILEY PROFFITT	13b. MOTHER'S MAIDEN NAME NANCY HENRY	14. NAME OF HUSBAND OR WIFE LOLA S. PROFFITT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS LOLA PROFFITT, CUREALL, MISSOURI

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction 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. PREVIOUS Myocardial Infarct 1952		INTERVAL BETWEEN ONSET AND DEATH 30 min.
19a. DATE OF OPERATION 4-20-1	19b. MAJOR FINDINGS OF OPERATION 4-20-1	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 7-15-1952 to 1-9-1953, that I last saw the deceased alive on 1-31, 1953, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Jack N. Wilson, MD</i>	23b. ADDRESS West Plains, Mo	23c. DATE SIGNED 1-28-54
24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE 1-13-54	24c. NAME OF CEMETERY OR CREMATORY POTTERSVILLE CEMETERY
24d. LOCATION (City, town, or county) (State) POTTERSVILLE, MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROBERTSONS, WEST PLAINS, MISSOURI
DATE REC'D BY LOCAL REG. 2-12-54 REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>		

(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. 3437

P. O. Address West Ham

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.