

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31515

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>6022</u>		Registrar's No. <u>87</u>	
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u>		c. LENGTH OF STAY (In this place) <u>76 years</u>		c. CITY OR TOWN <u>Richmond</u>		d. Is Residence within limits of a city (Incorporated town)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles SW Richmond</u>				e. STREET ADDRESS (If rural, give location) <u>4 miles SW Richmond</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Milton</u>		b. (Middle) <u>R.</u>		c. (Last) <u>PROFFITT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September 18, 1954</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>November 4, 1877</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Proffitt</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Priest</u>		14. NAME OF HUSBAND OR WIFE <u>Tabitha Proffitt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Tabitha Proffitt, Richmond, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular accident</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis and hypertension</u> 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 <u>16 days</u> <u>unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 <u>Sept. 2, 1954</u> , to <u>Sept. 18, 1954</u> , that I last saw the deceased alive on <u>Sept. 10, 1954</u> , and that death occurred at <u>4:50 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H.K. Johnson, M.D.</u>				23b. ADDRESS <u>Richmond, Mo.</u>		23c. DATE SIGNED <u>9/21/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept. 20, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery, Ray County, Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>Ray County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 22, 1954</u>		REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Quest. L. G. Funeral Home, Richmond, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

10361 22 1900

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# 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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4066

P. O. Address.....

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.