

FILED DEC 16 1954

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41987**

BIRTH NO. **71910-54** REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **4424** Registrar's No. **135**

400

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

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) Humansville		c. CITY OR TOWN Dunnagan	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 14 hrs.		e. STREET ADDRESS (If rural, give location) 0200	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Geo. Dimmitt Mem. Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) Ida	b. (Middle) Jean	c. (Last) Proctor	4. DATE OF DEATH (Month) (Day) (Year) 11 26 1954
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5. SEX F	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) --	8. DATE OF BIRTH Oct. 9, 1954	9. AGE (in years last birthday) IF UNDER 1 YEAR: Months 1 Days 17 IF UNDER 24 HRS. Hours -- Min. --
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) --	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and State or Foreign Country) Humansville, Mo.	12. CITIZEN OF WHAT COUNTRY? --U.S.A.
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13a. FATHER'S NAME Charley Proctor	13b. MOTHER'S MAIDEN NAME Christine Humbracht	14. NAME OF HUSBAND OR WIFE --
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Charley Proctor, Dunnagan, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Esophageal carcinoma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dr. Huangza DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Oct. 9, 1954**, to **Nov. 25, 1954**, that I last saw the deceased alive on **Nov. 25, 1954**, and that death occurred at **3:40 A.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Humansville, Mo.	23c. DATE SIGNED 11-29-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/27/54	24c. NAME OF CEMETERY OR CREMATORY Alder Cemetery	24d. LOCATION (City, town, or county) (State) Cedar County, Missouri
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DATE REC'D BY LOCAL REG. Nov 30, 1954	REGISTRAR'S SIGNATURE Ralph Gordon	25. FUNERAL DIRECTOR'S SIGNATURE Beckwith Funeral Home	ADDRESS Humansville, Mo.
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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 not Embalmed, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed O. H. Beakwith.....

Licensed Embalmer No. 39.37.....

P. O. Address Humansville.....

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.