

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4581

BIRTH NO.		REG. DIST. NO. <u>122</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Trenton</u> c. LENGTH OF STAY (In this place) <u>70 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peyton Hotel</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u> c. CITY OR TOWN <u>Trenton</u> d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ e. STREET ADDRESS (If rural, give location) <u>Peyton Hotel</u> f. ADDRESS <u>04020</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles Enoch</u> b. (Middle) <u>Proffitt</u> c. (Last) <u>Proffitt</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>March 13, 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 20, 1880</u>	
9. AGE (In years last birthday) <u>74</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R R Switchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroading</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Brookfield, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Charles S. Proffitt</u>			
13b. MOTHER'S MAIDEN NAME <u>Sarah D. Brady</u>				14. NAME OF HUSBAND OR WIFE <u>Effie Proffitt</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)				16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Proffitt</u> ADDRESS <u>Fairfield, Iowa</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>Acute coronary occlusion</u> (b) <u>Anterior chest myocarditis</u> (c) <u>Bronchial asthma</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anterior chest myocarditis</u> DUE TO (c) <u>Bronchial asthma</u> 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 ☐ NO ☒	
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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>June 14, 1955</u> , to <u>March 13, 1955</u> , that I last saw the deceased alive on <u>March 11, 1955</u> , and that death occurred at <u>4:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. L. Clark</u> <u>0 m.d.</u>				23b. ADDRESS <u>Trenton, Mo.</u>		23c. DATE SIGNED <u>3/14/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Mar 15, 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>K of P Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Trenton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-15-55</u>		REGISTRAR'S SIGNATURE <u>Gene Fair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gipson Funeral Home</u>		ADDRESS <u>Trenton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 28 1958

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.....
Leo G. Whitaker

Licensed Embalmer No. 478

P. O. Address *Trenton*

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.