

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11199

State File No.

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton, Mo.</u> c. LENGTH OF STAY (in this place) <u>13 Days</u>		c. CITY OR TOWN <u>Montgomery City</u> d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #1, Fulton, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>0700</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ORA</u> b. (Middle) <u>CARSON</u> c. (Last) <u>PROFFITT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 18, 1955</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>Feb. 17, 1884</u>
9. AGE (In years last birthday) <u>71</u>	10. MONTHS <u>2</u>	11. DAYS <u>1</u>	12. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Compositor Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Proffitt</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Skinner</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Clara 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>D. K.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records of State Hospital #1, Fulton, Mo.</u> ADDRESS	
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>Broncho Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis with</u> DUE TO (c) <u>Psychosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>	
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) (Min.)		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>April 5, 1955</u> , to <u>April 17, 1955</u> , that I last saw the deceased alive on <u>April 17, 1955</u> , and that death occurred at <u>1225 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank J. Nichols M.D.</u> (Degree or title)		23b. ADDRESS <u>State Hospital #1, Fulton, Mo.</u>	
23c. DATE SIGNED <u>Apr. 18, 1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr-20-1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery City Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Montgomery City Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 18-1955</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> ADDRESS <u>425 S. 10th St. MONTGOMERY CITY MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 2 1955

JUN 2 1955

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, ~~XXXX~~ On the 18 th day April 1955....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
C. W. Hopkins

Licensed Embalmer No..... I487

P. O. Address Montgomery C.

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.