

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32314

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1189

1. PLACE OF DEATH a. COUNTY <u>Buchanan.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs 10 m 27 days</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2,</u>		e. STREET ADDRESS (If rural, give location) <u>General Hospital No. 2, 300 S. 1</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>ALLEN</u>	b. (Middle) <u>WALTER</u>	c. (Last) <u>PROCTOR.</u>	(Month) <u>11</u>	(Day) <u>6</u>	(Year) <u>1955.</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married.</u>	8. DATE OF BIRTH <u>1-18-1895</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Common labor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Napoleon, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Unknown.</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown.</u>		14. NAME OF HUSBAND OR WIFE <u>Mac Eulles Proctor.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>44-499-09-3290</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mac Eulles Proctor - 1310 E 14th St. Kansas City</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Endomyocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Syphilis</u>		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>023X</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 6-8-1955, 1955, to 11-6-1955, 1955, that I last saw the deceased alive on 11-5-1955, 1955, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. H. Maroney M.D.</u>		23b. ADDRESS <u>State Hospital No. 2 St. Joseph, Mo.</u>		23c. DATE SIGNED <u>11-6-1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11/10/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Westlawn Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter M. Allison 485-10</u>			
DATE REC'D BY LOCAL REG. <u>Nov. 7, 1955</u>		REGISTRAR'S SIGNATURE <u>Walter M. Allison 485-10</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Davis Fairb. Home 1415 Fr. Rd. K.C., Mo.</u>	

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.....
Signature of Student Embalmer

Signed *Landis L. Jackson*.....

Licensed Embalmer No. *482*.....

P. O. Address *K. C., Mo.*.....

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.