

FILED APR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8852

BIRTH NO. _____		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 3021		Registrar's No. 55	
1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Grundy			
b. CITY (If outside corporate limits, write RURAL and give township) Trenton		c. LENGTH OF STAY (in this place) 0402		c. CITY (If outside corporate limits, write RURAL and give township) Trenton		d. STREET ADDRESS (If rural, give location) 1111 HARRIS AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1111 HARRIS ST.							
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) Delbert		c. (Last) Proffitt		4. DATE OF DEATH (Month) (Day) (Year) MAY 26 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED		8. DATE OF BIRTH Dec. 11, 1872	
9. AGE (in years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker		10b. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (City and State or Foreign Country) Brookfield MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME LYCHUGAS Proffitt		13b. MOTHER'S MAIDEN NAME MARY FRANCIS Proffitt		14. NAME OF HUSBAND OR WIFE HATTIE Proffitt	
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 MRS. HATTIE PROFFITT		ADDRESS TRENTON, MO.	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Fracture of Double Fracture~~ ~~Left forearm and right leg~~ ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 8 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 8124 25				20. AUTOPSY? YES ☐ NO ☐	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Harris Ave		21c. (City, town, or township) Trenton		21d. (County) Grundy	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 27th 1956 730 PM		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? Struck By a Car			
22. I hereby certify that I attended the deceased from March 25th, 1956, to March 26th, 1956, that I last saw the deceased alive on March 26th, 1956, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Oliver F. Jaffey M.D.		(Degree or title)		23b. ADDRESS Trenton MO		23c. DATE SIGNED March 27, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE MAY 28 1956		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F Cemetery		24d. LOCATION (City, town, or county) Trenton MO	
DATE REC'D BY LOCAL REG. 3-28-56		REGISTRAR'S SIGNATURE Irene Fair		25. FUNERAL DIRECTOR'S SIGNATURE Gordon Blackmore		ADDRESS	

(Licensed Embalmer's Signature on Reverse Side)

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
Student Embalmer

Signed

Harold Roberts

Licensed Embalmer No. *4820*

P. O. Address *Leicester, 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 this body is not embalmed, fact should be so stated above.