

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **21341**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>9048</b>		Registrar's No. <b>151</b>		
1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Nodaway</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>Maryville</b>		c. LENGTH OF STAY (in this place) <b>18 days</b>		c. CITY OR TOWN <b>Hopkins</b>		d. Is 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 <b>St. Francis Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>0790</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>		b. (Middle) <b>Edna</b>		c. (Last) <b>Proctor</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 15, 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 7, 1881</b>		9. AGE (In years last birthday) <b>74</b>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 100 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Lynn County, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>David Proctor</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Hayzlett</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ray Proctor, Pickering, Mo.</b>				
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>					INTERVAL BETWEEN ONSET AND DEATH <b>14 days</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis of cerebral arteries</b>							
	DUE TO (c) <b>Cerebral</b>							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Osteoarthritis</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>					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 <b>7-7-55</b> , <b>19 55</b> to <b>6-15</b> , <b>1956</b> , that I last saw the deceased alive on <b>6-15</b> , <b>19 56</b> , and that death occurred at <b>1:05a m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree of title) <b>D. S. Blaylock</b>				23b. ADDRESS <b>Maryville, Mo.</b>		23c. DATE SIGNED <b>6-16-56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-17-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hopkins</b>		24d. LOCATION (City, town, or county) (State) <b>Hopkins, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>6-23-56</b>		REGISTRAR'S SIGNATURE <b>Kess Holt</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stanley Swanson</b>		ADDRESS <b>Hopkins, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 25 1956

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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 ..... Myself ....., Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed Stanley Swanton .....

Licensed Embalmer No. 3963

P. O. Address Hopkins, 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.