

FILED SEP 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27759

State File No.

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4386 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missuri b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) Thayer,	c. LENGTH OF STAY (in this place) 2 year	c. CITY OR TOWN Thayer	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0150	

3. NAME OF DECEASED (Type or Print)	a. (First) Henry	b. (Middle) Francis	c. (Last) Proctor	4. DATE OF DEATH (Month) (Day) (Year) August 17, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 8, 1876	9. AGE (in years last birthday) 80	IF UNDER 1 YEAR Months 3 Days 9 Hours Min. 	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming (Retired)	11. BIRTHPLACE (City and State or Foreign Country) Dallas County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Tom Proctor	13b. MOTHER'S MAIDEN NAME Elmeda Scott	14. NAME OF HUSBAND OR WIFE Melissa Jane Proctor
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Neva Harriell, Thayer, Missouri	ADDRESS Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive & chronic DUE TO (c) 		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION H43X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **8-17-56**, 19___, to **8-17-56**, 19___, that I last saw the deceased alive on **8-17-56**, 19___, and that death occurred at ___ m., from the causes and on the date stated above.

23a. SIGNATURE Arthur Wolf	(Degree or title) MD	23b. ADDRESS Manmoth Spg Ah	23c. DATE SIGNED 9-4-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-19-56	24c. NAME OF CEMETERY OR CREMATORY Cotton Creek Cemetery	24d. LOCATION (City, town, or county) (State) Oregon County, Missouri
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DATE REC'D BY LOCAL REG. 9-4-56	REGISTRAR'S SIGNATURE Arthur Wolf	25. FUNERAL DIRECTOR'S SIGNATURE Leland Card Thayer MD	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

4680

SEP 10 1959

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 *LeLaw Carter*.....

Licensed Embalmer No... *4516*

P. O. Address *Thompson*.....

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.