

FILED APR 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 12221

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 464

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY 0117 OR TOWN St. Joseph 0		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.			Length of stay in lb 40 years		d. STREET (If outside, give location) ADDRESS 2025 Delmar Ave.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First ALVA Middle LEE Last PROFFIT				4. DATE OF DEATH Month April Day 22 Year 1957							
5. SEX 0 male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 7, 1893		9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. trucker			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Holt County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Herbert R. Proffit					14. MOTHER'S MAIDEN NAME Luella League						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W. #1			16. SOCIAL SECURITY NO. unknown		17. INFORMANT Mrs. Alva Proffit, 2025 Delmar, St. Joseph, Mo. Address						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastrointestinal Hemorrhage								INTERVAL BETWEEN ONSET AND DEATH 2 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Pulmonary embolism			DUE TO (c) Gangrenous appendicitis			INTERVAL BETWEEN ONSET AND DEATH 4 days		
									INTERVAL BETWEEN ONSET AND DEATH 10 days		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2			
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m.											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from April 18, 1957 to April 22, 1957 and last saw him her alive on April 22, 1957 Death occurred at 6:35p. m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) Allen Sherman M.D.					22b. ADDRESS 706 Francis St. Joseph, Mo.			22c. DATE SIGNED 4-25-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4/24/1957		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery			23d. LOCATION (City, town, or county) St. Joseph, Mo.		(State)		
24. FUNERAL DIRECTOR Newton Bowman ADDRESS St. Joseph, Mo.					25. DATE RECD. BY LOCAL REG. April 26, 1957		26. REGISTRAR'S SIGNATURE Ethel M. Allison				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health,
& Welfare
Public
ServiceS. 300
V. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Securing the medical certificate in the specific manner required by 1923-140, MO. REV. STAT.

MAY 1 1957

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 *James B. Hawkins*

Licensed Embalmer No. 4536

P. O. Address 319 20/0th St

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.