

FILED JAN 8 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44559
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6064

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Raytown 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. Luke's Hosp.		Length of stay in lb 35 years 11 days	d. STREET ADDRESS 7908 Harrison Road (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Mr. Francis Proper			4. DATE OF DEATH Month Day Year Dec. 20, 1957
5. SEX 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 May 24, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Foreman at Purina Mills		10b. KIND OF BUSINESS OR INDUSTRY Purina Mills	11. BIRTHPLACE (City and state or country) Sibley, Iowa
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME George Proper 13b. MOTHER'S MAIDEN NAME Bertha Berton	
14. NAME OF HUSBAND OR WIFE Myrtle Proper		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. 486-10-7078		17. INFORMANT Address (Raytown, Mo.) Myrtle Proper 7908 Harrison Road	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Subdural Hematoma Traumatic Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 11 days 89303
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"/>
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Bumped head as he raised up at work	
20c. TIME OF INJURY 4:30 p.m. 12-9-57		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Factory	
20e. CITY, TOWN, OR LOCATION Kansas City		20f. COUNTY STATE Jackson, Mo	
21. I attended the deceased from 12-9-57 to 12-20-57 and last saw her/him alive on 12-20-57 Death occurred at 11:00 A M on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Donald F. Coburn M.D.		22b. ADDRESS 411 Nichols Road Ke. 2 Mo	
22c. DATE SIGNED 12-20-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Dec. 22, 1957		23c. NAME OF CEMETERY OR CREMATORY Flemington Cemetery	
23d. LOCATION (City, town, or county) (State) Near Boliver, Missouri		24. FUNERAL DIRECTOR ADDRESS Stine & McClure Kansas City, Mo.	
25. DATE RECD. BY LOCAL REG. 12-21-57		26. REGISTRAR'S SIGNATURE neva minshall	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Donald F. Coburn



385- 2 47 100

8-1-1843

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 *J. S. Walton*

Licensed Embalmer No. *2744*
P. O. Address *X. E. 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.