

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033864
STATE FILE NUMBER

FILED SEP 16 1958

Registration District No. 297

Primary Registration District No. 6022

Registrar's No. 91

1. PLACE OF DEATH a. COUNTY Ray			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Richmond		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5Mi. S.W. Richmond (life)		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 5Mi. S.W. Richmond		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Frank Middle Quincy Last Proffitt			4. DATE OF DEATH Month Sept. Day 3 Year 1958		
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 Oct. 3 / 1875		9. AGE (In years last birthday) 82 F UNDER 1 YEAR Months 11 Days 11 IF UNDER 24 HRS. Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Camden, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Proffitt		13b. MOTHER'S MAIDEN NAME Margaret Priest		14. NAME OF HUSBAND OR WIFE Mae Proffitt	
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. 490-425793		17. INFORMANT Address William F. Proffitt Richmond, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Possible intestinal Hemorage DUE TO (c) Generalized Arterio sclerosis					INTERVAL BETWEEN ONSET AND DEATH 4201
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.) 4201			
20c. TIME OF INJURY Hour 5:20P Month, Day, Year 11-10-57 a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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.) South Point		20f. CITY, TOWN, OR LOCATION Ray Co. Missouri		20g. STATE Missouri	
21. I attended the deceased from 11-10-57 to 9-3-58 and last saw her alive on 8-30-58 Death occurred at 5:20P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Thom W. Cook M.D.			22b. ADDRESS 110 S. College Richmond, Mo.		22c. DATE SIGNED 9-6-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-6-58	23c. NAME OF CEMETERY OR CREMATORY South Point		23d. LOCATION (City, town, or county) (State) Ray Co. Missouri
24. FUNERAL DIRECTOR Quest-Life Funeral Home Address Richmond, Missouri			25. DATE RECD. BY LOCAL REG. 9-8-1958		26. REGISTRAR'S SIGNATURE Maluel Jackson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Marvin D. Bailey*

Licensed Embalmer No. *4787*

P. O. Address *Richmond, Va.*

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.