

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016854

STATE FILE NUMBER 503

FILED MAY 18 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No.

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Savannah</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sisters Hospital</u>		Length of stay in lb <u>2 days</u>	d. STREET (If outside, give location) ADDRESS <u>402 North 2<sup>nd</sup> St.</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Gerald</u> Middle <u>Francis</u> Last <u>Proffit</u>			4. DATE OF DEATH Month <u>May</u> Day <u>11</u> Year <u>1959</u>	
--	--	--	---	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>October 20, 1930</u>	9. AGE (In years last birthday) <u>28</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
--------------------	-------------------------------	---	---	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Paper Co.</u>	11. BIRTHPLACE (City and state or country) <u>Fillmore, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	---

13a. FATHER'S NAME <u>Lloyd F. Proffit</u>	13b. MOTHER'S MAIDEN NAME <u>Ernie Hatcher</u>	14. NAME OF HUSBAND OR WIFE <u>Roberta Yvonne Proffit</u>
---	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Korean</u>	16. SOCIAL SECURITY NO. <u>487-34-9256</u>	17. INFORMANT <u>Lloyd E. Proffit</u>	Address <u>Fillmore, Mo</u>
--	---	--	--------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Basilar Skull Fracture</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 Hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Bilateral Fracture mandible</u>	
	DUE TO (c) <u>Fractured Rt Hip</u>	
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 <input checked="" 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.) <u>Ran Car in ditch</u>
20c. TIME OF INJURY Hour <u>2:30</u> a.m. <u>5-10-59</u> p.m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Highway 11</u>	20f. CITY, TOWN, OR LOCATION <u>Savannah, Andrew Mo</u>	COUNTY <u>Andrew</u> STATE <u>Mo</u>
21: I attended the deceased from <u>5-10-59</u> to <u>5-11-59</u> and last saw <sup>her</sup> him alive on <u>5-11-59</u> Death occurred at <u>10:00 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (D, degree or title) <u>Warren C Baker M.D.</u>	22b. ADDRESS <u>Savannah, Mo</u>	22c. DATE SIGNED <u>5-13-59</u>
---	-------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 14, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fillmore Cemetery</u>	23d. LOCATION (City, town, or county) <u>Fillmore, Mo.</u>	(State)
--	----------------------------------	--	---	---------

24. FUNERAL DIRECTOR <u>Wm A. Rich</u>	ADDRESS <u>Savannah, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>May 14, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Hodell</u>
---	--------------------------------	---	---

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.  
Dr. Warren C Baker  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

MAY 28 1958

JUN 10 1958

SEP 3 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 *Wm A. Rich* .....

Licensed Embalmer No. *4228*  
P. O. Address *Lawrence*

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.