URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

Birth 687 FILED VS NOV 5 1959

59-038607
STATE FILE NUMBER

MENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 192

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Scott
c. CITY OR TOWN Sikeston, Mo.
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 217 Center St.
Reside on Farm Yes ☐ No ☐ #

3. NAME OF DECEASED (Type or print) First JOHNNY Middle RAY Last PROFFER
4. DATE OF DEATH Month 10 Day 16 Year 1959
5. SEX female
6. COLOR OR RACE white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10-16-59
9. AGE (last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and state or country) Sikeston, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Henry Proffer
13b. MOTHER'S MAIDEN NAME Lillie Mae Newman
14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Henry Proffer Address Sikeston, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Immaturity
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
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10-16-59, to 10-16-59 and last saw her/him alive on 10-16-59
Death occurred at 9:05 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Alden R. Sargent M.D. (Degree or title)
22b. ADDRESS Sikeston, Mo.
22c. DATE SIGNED 10-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-19-59
23c. NAME OF CEMETERY OR CREMATORY Dogwood Cemetery
23d. LOCATION (City, town, or county) Mississippi County, Mo. (State)
24. FUNERAL DIRECTOR Thomas Shelby ADDRESS East Prairie Mo
25. DATE RECD. BY LOCAL REG. 10-27-59
26. REGISTRAR'S SIGNATURE Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by not embalmed, Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed Francis Shelby

Licensed Embalmer No. 2254

P. O. Address East Prairie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.