

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000806

FILED VS JAN 20 1960 77

Registration District No. \_\_\_\_\_ Primary Registration District No. 5303 Registrar's No. 13

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cole Jefferson Twp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP if partly) OR TOWN <u>3. 1 mile West of Rt. C. on C</u> Length of stay in lb <u>6 MONTHS</u>		c. CITY OR TOWN <u>Lohman</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Do Ann and Memorial Community Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>R.R. # 1</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>PATRICIA</u> Middle <u>ROSE</u> Last <u>PROCTOR</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>15</u> Year <u>1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-28-1933</u>	9. AGE (last birthday) <u>25 26</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife, Mrs. Sales</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Capital Reserve Life Insurance</u>		11. BIRTHPLACE (City and state or country) <u>Russellville, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>Robert Knerchild</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Buchta</u>	
14. NAME OF HUSBAND OR WIFE <u>Floyd Proctor</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>Myrtle Proctor</u>		17. ADDRESS <u>618 Michigan Jess City, Mo</u>		INTERVAL BETWEEN ONSET AND DEATH	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) FRACTURED SKULL  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_

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.) Car Accident - Patient thrown from car  
20c. TIME OF INJURY Approx 6:30 a.m. Jan. 15-1960

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.) County Road C  
20f. CITY, TOWN, OR LOCATION Near Lohman COUNTY Cole STATE Missouri

21. I attended the deceased from patient was dead on arrival and last saw her alive on \_\_\_\_\_  
Death occurred at 7:00 P.M. Jan 15-1960 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Fred J. Richter M.D. 22b. ADDRESS 215 Jackson, Jefferson City, Mo. 22c. DATE SIGNED 1/17/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1-18-1960 23c. NAME OF CEMETERY OR CREMATORY Trinity Lutheran Cem 23d. LOCATION (City, town, or county) Russellville, Mo.

24. FUNERAL DIRECTOR A. N. Steffen Russellville, Mo. ADDRESS 19760. Lin 25. DATE RECD. BY LOCAL REG. 18 January 1960 26. REGISTRAR'S SIGNATURE A. Richter Dep. (R.P. Dorrized)

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF:

MS JAN 28 1960

VS DEC 12 1960

FEB 1961

MS FEB 13 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond Barber

Licensed Embalmer No. 462

P. O. Address Vernon

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