

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031705

FILED VS. AUG 23 1960

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 103

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>RAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Township</u>		Length of stay in 1b <u>2 hours</u>		c. CITY OR TOWN <u>Excelsior Springs, Mo.</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>2 Mi. N.W. Richmond</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R.R. # 2</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u>PROFFITT</u> Last <u>PROFFITT</u>				4. DATE OF DEATH Month <u>AUGUST</u> Day <u>16</u> Year <u>1960</u>				
5. SEX <u>Male</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>12-17-1906</u>	9. AGE (last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Near Elkhorn, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>United States</u>		
13a. FATHER'S NAME <u>Marion Proffitt</u>			13b. MOTHER'S MAIDEN NAME <u>Caloma Fowler</u>		14. NAME OF HUSBAND OR WIFE <u>Gladys Bryant</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-14-1246</u>		17. INFORMANT Address <u>Mrs. Gladys Proffitt, Ex. Spgs. 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>Coronary Occlusion</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)						
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from _____ to _____ and last saw her him alive on _____ Death occurred at <u>11:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Thomas B. Gosh, M.D., Coroner</u>				22b. ADDRESS <u>Richmond, Mo.</u>		22c. DATE SIGNED <u>8/16/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-19-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New New Garden</u>		23d. LOCATION (City, town, or county) (State) <u>Rural, Excelsior Spgs, Mo.</u>				
24. FUNERAL DIRECTOR ADDRESS <u>RICHARD FUNERAL HOME EX. SPGS, MO</u>				25. DATE RECD. BY LOCAL REG. <u>8-17-1960</u>	26. REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 11 100

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 Ralph Van Landingham

Licensed Embalmer No. 4009
P. O. Address Stellion Springs, N.C.

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.