

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014956

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 85

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 7 1962	
1. PLACE OF DEATH	
a. COUNTY <u>Grundy</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lincoln Trenton</u>	a. STATE <u>Mo.</u> b. COUNTY <u>Grundy</u>
Length of stay in lb <u>50 yrs.</u>	c. CITY OR TOWN <u>Trenton</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>Wright Hospital</u>	d. STREET ADDRESS (If outside, give location) <u>Route 7</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last	4. DATE OF DEATH Month Day Year
<u>SAM L. PROFFIT</u>	<u>4 - 24 - 1962</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>6-22-1886</u>
9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>
11. BIRTHPLACE (City and state or country) <u>Chariton Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Proffit</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Susan Owens</u>
14. NAME OF HUSBAND OR WIFE <u>Jina Proffit</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv.) <u>no</u>
16. INFORMANT <u>Jina Proffit</u>	17. ADDRESS <u>Trenton, Mo. R. 7.</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>Carcinoma of Glands of neck</u>	INTERVAL BETWEEN ONSET AND DEATH <u>few months</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	<u>This man underwent treatment at Fischel Cancer Hosp</u>
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 <u>Columbia</u>	COUNTY <u>Mo</u> STATE <u>Mo</u>
21. I attended the deceased from <u>March 7-1962</u> to <u>April 24-1962</u> and last saw her/him alive on <u>April 23-1962</u>	
Death occurred at <u>7:15</u> <u>pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>G.H. Cullers M.D.</u> (Degree or title)	22b. ADDRESS <u>Trenton Mo</u>
22c. DATE SIGNED <u>4/27/62</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-27-1962</u>
23c. NAME OF CEMETERY OR CREMATORY <u>South Evans</u>	23d. LOCATION (City, town, or county) <u>Grundy Co Mo.</u>
24. FUNERAL DIRECTOR <u>Harris-Blackmore, Trenton, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-27-62</u>
26. REGISTRAR'S SIGNATURE <u>Arene Fair</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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 Claude H. Cundall Jr.

Licensed Embalmer No. 4986

P. O. Address Jrenton, Missouri

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.