

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 136

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 2 1963

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter		Length of stay in lb 13 years	c. CITY OR TOWN Dexter
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Comeau Convalescent Manor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 12 Hickory Hills Dr. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Myrtle Kelley Proctor			4. DATE OF DEATH Month Day Year December 16, 1962
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-28-1892
9. AGE (last birthday) 70		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (City and state or country) Bloomfield, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John Kelley	
13b. MOTHER'S MAIDEN NAME Nancy Harper		14. NAME OF HUSBAND OR WIFE Guy Proctor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no XX X X X X X X		16. SOCIAL SECURITY NO. XXXXXXXXXX	
17. INFORMANT Mrs. Bertie Miller		Address Dexter, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congestive heart failure</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4 weeks</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Parkinson syndrome</i>			<i>9 years</i>
DUE TO (c) <i>Coronary-vascular accident</i>			<i>2 weeks</i>
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 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 Dexter	COUNTY STATE Missouri
21. I attended the deceased from <i>July 1955</i> to <i>Dec 16 1962</i> and last saw her/him alive on <i>Dec 16 1962</i> Death occurred at <i>1:30</i> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>M. D. Comeau</i> (Degree or title)		22b. ADDRESS Dexter, Missouri	22c. DATE SIGNED <i>12/16/62</i>
23a. BURIAL CREMATION; REMOVAL (Specify) Burial	23b. DATE 12-18-62	23c. NAME OF CEMETERY OR CREMATORY Dexter Cemetery	23d. LOCATION (City, town, or county) Dexter, Missouri (State)
24. FUNERAL DIRECTOR Watkins & Sons ADDRESS Dexter, Mo.		25. DATE RECD. BY LOCAL REG. <i>12/27/62</i>	26. REGISTRAR'S SIGNATURE <i>Verna V. Fisher</i>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

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USE BLACK INK OR TYPEWRITER RIBBON

JUN 28 1963

*Final work 12/18/62
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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 Mark Watkins

Licensed Embalmer No. 4717

P. O. Address Deater Mo.

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.