

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000666

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 55Primary Registration District No. 3011Registrar's No. 5

STATE FILE NUMBER

FILED JAN 17 1963

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton		Length of stay in 1b 45 yrs.	c. CITY OR TOWN Carrollton Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Carroll Co. Memorial		Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 112 N. Main Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First ANNA Middle ELIZABETH Last PROFFITT		4. DATE OF DEATH Month Jan. Day 4 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 3/7/1884
9. AGE (last birthday) 78		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Caldwell Co. Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Mylus Leakey	
13b. MOTHER'S MAIDEN NAME Lucinda O'Dell		14. NAME OF HUSBAND OR WIFE Benjamin Proffitt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Delbert Proffitt, Carrollton Mo.	
17. INFORMANT Delbert Proffitt, Carrollton 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) Coronary occlusion 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.)		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 1959 and last saw her alive on 4 Jan 63 Death occurred at 3:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE E. W. Allen M.D.	
22b. ADDRESS Carrollton Mo.		22c. DATE SIGNED 7 Jan 63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/7/1963	
23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.		23d. LOCATION (City, town, or county) Carrollton Mo.	
24. FUNERAL DIRECTOR Gibson Funeral Home, Carrollton, Mo.		25. DATE RECD. BY LOCAL REG. 1-8-63	
26. REGISTRAR'S SIGNATURE Ann Calout This Moore			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

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DATE AMENDED

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

James F. Gibson

Licensed Embalmer No. 5076

P. O. Address Carrollton, 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.