

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18339

State File No. ....

103  
00

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 6153 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Pike</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Pike</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>Near Advance Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARY</u> b. (Middle) <u>REGINALD</u> c. (Last) <u>PROFFER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 3, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>Aug. 17, 1945</u>
9. AGE (In years last birthday) <u>3</u>		10. UNDER 1 YEAR (Months) (Days) <u>7/16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Advances, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Joe R. Proffer</u>		13b. MOTHER'S MAIDEN NAME <u>Freda Clark</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify war or date of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe R. Proffer, Advances</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leukemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2044</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Advances Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>Dec. 1849</u> , to <u>Apr. 3, 1949</u> , that I last saw the deceased alive on <u>April 2, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>E. C. Masters</u>		23b. ADDRESS <u>Advances Mo</u>	
23c. DATE SIGNED <u>4-11-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial Apr. 4, 1949</u>	
24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Advances, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton S. Morgan, Advances</u>	
DATE REC'D BY LOCAL REG. <u>5-26-49</u>		REGISTRAR'S SIGNATURE <u>Bennie Moore</u> ADDRESS _____	

RECEIVED

District Health Office No. 2,

District File Number 649-666

Date Filed 6-9-49

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 \_\_\_\_\_

William A. Morgan

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed William A. Morgan

Licensed Embalmer No. 4640

P. O. Address Adrian, 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 this body is not embalmed, fact should be so stated above.