No. 300
10-48

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16113

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5188 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Liberty
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 n west White Water

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Liberty
d. STREET ADDRESS (If rural, give location): 5 miles N-West Whitewater

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) ELBERT c. (Last) PROFFER

4. DATE OF DEATH (Month) (Day) (Year): May 14, 1950

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug 28, 1885
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Gen. Farmer
11. BIRTHPLACE (State or foreign country): Cook County, Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John W. Proffer
13b. MOTHER'S MAIDEN NAME: Amanda Proffer
14. NAME OF HUSBAND OR WIFE: Ruby Bell Proffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: C. Jennivey Proffer — ADDRESS: Cape Girardeau Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of prostate — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

177X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Cancer of prostate
20. AUTOPSY? YES ☐ NO ☐

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1949, *to* May 14, 1950, *that I last saw the deceased alive on* May 14, 1950 *and that death occurred at* 7 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W W Davault (Degree or title) MD
23b. ADDRESS: Delta Mo
23c. DATE SIGNED: May 18-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 15
24c. NAME OF CEMETERY OR CREMATORY: Proffer
24d. LOCATION (City, town, or county) (State): Crump Mo.

DATE REC'D BY LOCAL REG.: May 18-50
REGISTRAR'S SIGNATURE: [illegible] 43
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] Miller — ADDRESS: Jackson

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 28 1953

BUREAU HEALTH OFFICE No. 4

F. No. 550-715

MAY 31 1953

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Gene C. Cancroft

Signed.....
Student Embalmer

Licensed Embalmer No. 4327

P. O. Address Jackson, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.