No. 300
10.48

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

FILED DEC 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39060

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. [redacted] 5972 Registrar's No. 131

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 3 Mi. N.E. Humansville, Mo.
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): 3 Mi. N.E. Humansville, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk
c. CITY OR TOWN: Flemington
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): Hwy St. Flemingtn 0840

3. NAME OF DECEASED (Type or Print)
a. (First): Phillip
b. (Middle): Oliver
c. (Last): Proper

4. DATE OF DEATH (Month) (Day) (Year): Last Seen Jan.14,1955

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 25,1891
9. AGE (In years last birthday): 63
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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and State or Foreign Country): Unknown
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George G. Proper
13b. MOTHER'S MAIDEN NAME: Bertha Burton
14. NAME OF HUSBAND OR WIFE: Essie Proper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW1
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Ray Proper
ADDRESS: Lees Summit, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound in right eye — 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) Self inflicted wound
DUE TO (c) in isolated area, body not found

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. for two years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 976X
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Polk Co. Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): unknown m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: Self inflicted

22. *I hereby certify that I ~~attended~~ saw the deceased from* Nov. 18, 1956, *to* _____, 19____, *that I last saw the deceased alive on* Nov. 18, 1956, *and that death occurred at* unknown *m., from the causes and on the date stated above.*

23a. SIGNATURE: Oby Justice
(Degree or title): Coroner Polk Co.
23b. ADDRESS: Bolivar, Mo.
23c. DATE SIGNED: Nov. 26, 56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 21, 1956
24c. NAME OF CEMETERY OR CREMATORY: Flemington Cemetery
24d. LOCATION (City, town, or county) (State): Flemington, Mo.

DATE REC'D BY LOCAL REG.: 11-26-1956
REGISTRAR'S SIGNATURE: Ralph Gordon per Jewel Gordon
25. FUNERAL DIRECTOR'S SIGNATURE: Beckwith Funeral Home
ADDRESS: Humansville Mo.
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marshall C. Blacke

Licensed Embalmer No. 47

P. O. Address Bolivar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.