

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013398  
State File No. ....

FILED MAY 15 1958  
BIRTH NO. .... REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 355

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

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. CITY OR TOWN <b>Poplar Bluff</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Assembly Of God Rest Home</b>		e. STREET ADDRESS <b>--</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>	b. (Middle) <b>F.</b>	c. (Last) <b>PROFFER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 1, 1958</b>
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>Mar. 23, 1869</b>
9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>8</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Crop farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Bloomfield, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Lawson Proffer</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Proffer</b>	14. NAME OF HUSBAND OR WIFE <b>-----</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <b>--</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Grace Dulaney, Poplar Bluff, Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac Decompensation</b> INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs.</b> ANTECEDENT CAUSES DUE TO (b) <b>Myocarditis</b> <b>5 yrs.</b> DUE TO (c) <b>Arteriosclerosis</b> <b>15 yrs.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension, moderate</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>44.3X</b>	
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 <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 <b>Oct. 1955</b> , to <b>1 May, 1958</b> , that I last saw the deceased alive on <b>19 May, 1958</b> , and that death occurred at <b>10-20 P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Chas. A. Rest M.D.</b>		23b. ADDRESS <b>Poplar Bluff, Mo.</b>	23c. DATE SIGNED <b>5 May 58</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 4-58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakridge cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Stoddard co. Missouri</b>
DATE REC'D BY LOCAL REG. <b>5/10/58</b>	REGISTRAR'S SIGNATURE <b>R. Mueller</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>CHILES UND. CO., BLOOMFIELD, MO.</b>	

RECEIVED

MAY 13 1958  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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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, & by Lulu Cooper # 3499 ~~Student Embalmer~~ No. \_\_\_\_\_  
~~working under my personal supervision.~~

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Juan C. Cooper \_\_\_\_\_

Licensed Embalmer No. 4119

P. O. Address Bloomfield,

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.