

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001617

STATE FILE NUMBER

FILED FEB 11 1959

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 60

300  
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Independence 700 S	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Hosp.		d. STREET ADDRESS 315 N. Delaware	
Length of stay in lb 40 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) REV. LAWRENCE MATHEWS PROCTOR			4. DATE OF DEATH January 28, 1959		
First	Middle	Last	Month	Day	Year

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 25, 1877	9. AGE (In years last birthday) 81	10. FUNDER 1 YEAR Months	10. FUNDER 1 YEAR Days	10. FUNDER 1 YEAR Hours	10. FUNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Minister	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Columbia, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME --	13b. MOTHER'S MAIDEN NAME Julia Wilson	14. NAME OF HUSBAND OR WIFE Mrs. Ida M. Proctor
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Ida M. Proctor, Indep., Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary insufficiency		INTERVAL BETWEEN ONSET AND DEATH 8 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic Cardiovascular disease	Years
	DUE TO (c) Rheumatoid arthritis, generalized	Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatoid arthritis, generalized		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 5-22-58 to 1-28-59 and last saw him alive on 1-28-59	Death occurred at 5:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Lawrence E. Link</i> (Degree or title) Mrs. Grabske & Link	22b. ADDRESS 10901 Winner, Indep., Mo.	22c. DATE SIGNED 1-29-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 30, 1959	23c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery	23d. LOCATION (City, town, or county) Columbia, Missouri
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24. FUNERAL DIRECTOR OTT & MITCHELL	ADDRESS Indep., Mo.	25. DATE RECD. BY LOCAL REG. 1-30-59	26. REGISTRAR'S SIGNATURE <i>Lawrence E. Link</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 6 1962

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 *Henry J. Mitchell*

Licensed Embalmer No. 3975

P. O. Address Ind. 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.