

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013664

STATE FILE NUMBER

FILED MAY 6 1959

Registration District No. 186

Primary Registration District No. 3026

Registrar's No. 194

300
1-57

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	
c. FULL NAME OF HOSPITAL OR INSTITUTION Indep. San. & Hosp.		d. STREET ADDRESS 531 So. Crane	
3. NAME OF DECEASED (Type or print) First JOHN Middle PROCTOR Last		4. DATE OF DEATH Month April Day 26 Year 1959	
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 Feb. 14, 1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Remington Arms Co.	11. BIRTHPLACE (City and state or country) Fort Scott, Kansas
13a. FATHER'S NAME WILLIAM PROCTOR		13b. MOTHER'S MAIDEN NAME Anna Rech	14. NAME OF HUSBAND OR WIFE Ruth Proctor
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 524-10-6285	17. INFORMANT Donald J. Proctor, 708 Paxon Hollow Rd.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Left Kidney with Metastasis Retroperitoneal glands - 163x DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma Rt Lung May 1958			INTERVAL BETWEEN ONSET AND DEATH 8-4 mos
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		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 Independence, Mo	
21. I attended the deceased from 4-26-58 to 4-26-59 and last saw ^{her} him alive on 4-25-59 Death occurred at Home A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. J. Proctor MD (Degree or title)		22b. ADDRESS Independence, Mo	
22c. DATE SIGNED 4-27-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-28-59	
23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		23d. LOCATION (City, town, or county) (State) Independence, Missouri	
24. FUNERAL DIRECTOR Geo. C. Carson & Sons, Indep., Mo.		25. DATE RECD. BY LOCAL REG. 4-28-59	
26. REGISTRAR'S SIGNATURE James Strain			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *H. Gibson*

Licensed Embalmer No. *4871*
P. O. Address *Indep Me*

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.