

Health,  
& Welfare  
Public  
Service

FILED VS APR 19 1960

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

=60-014725  
STATE FILE NUMBER

Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 12

S. 300  
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|   |                                  |  |  |  |  |  |   |  |  |
|---|----------------------------------|--|--|--|--|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Dunklin</u>   |                                  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> |  |  |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Malden</u>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  | c. CITY OR TOWN <u>Malden 0351<sub>2</sub></u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>402 N. Madison<sub>70</sub></u>   |                                  |  | Length of stay in lb<br><u>2 months</u>  |  | d. STREET ADDRESS <u>402 N. Madison</u> (If outside, give location)                  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>BROTICE</u> Middle <u>MELVIN</u> Last <u>PROFFER</u>  |                                  |  |  | 4. DATE OF DEATH<br>Month <u>April</u> Day <u>9</u> Year <u>1960</u>   |  |  |   |  |  |
| 5. SEX<br><u>Male 0</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>Aug. 31, 1893</u>   |  | 9. AGE (In years Age at birthday)<br><u>66</u>                                       | IF UNDER 1 YEAR<br>Months <u>    </u> Days <u>    </u>  | IF UNDER 24 HRS.<br>Hours <u>    </u> Min. <u>    </u> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farming</u>   |                                  |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and state or country)<br><u>Stoddard County, Missouri</u>       |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  |  |
| 13a. FATHER'S NAME<br><u>John Proffer</u>   |                                  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Stella Turner</u>  |  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Ethel Proffer</u>                                  |   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |                                  |  | 16. SOCIAL SECURITY NO.<br><u>Unknown</u>  |  | 17. INFORMANT<br><u>Mrs. Ethel Proffer</u> Address <u>402 N. Madison Malden, Mo.</u> |  |   |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>CARDIAC DEGENERATION</u>   |                                  |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>DAYS</u>   |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CARDIAC INSUFFICIENCY</u>  |                                  |  |  |  |  |  | MONTHS<br><u>    </u>   |  |  |
| DUE TO (c) <u>4222</u>  |                                  |  |  |  |  |  |   |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)   |                                  |  |  |  |  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |  |
| 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<br>Hour <u>    </u> Month, Day, Year <u>    </u><br>a.m. <u>    </u> p.m. <u>    </u>   |                                  |  |  |  |  |  |   |  |  |
| 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  |  |
| 21. I attended the deceased from <u>3-27-60</u> to <u>4-9-60</u> and last saw <sup>her</sup> him alive on <u>4-9-60</u><br>Death occurred at <u>2 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |  |  |  |  |  |   |  |  |
| 22a. SIGNATURE<br><u>[Signature]</u>  |                                  |  |  | 22b. ADDRESS<br><u>MALDEN-MO</u>   |  | 22c. DATE SIGNED<br><u>4-13-60</u>   |   |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                                  | 23b. DATE<br><u>April 11, 1960</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Gilead Cemetery</u>                             |  | 23d. LOCATION (City, town, or country) (State)<br><u>Clarkton, Missouri, Rte. 1</u>  |  |   |  |  |
| 24. FUNERAL DIRECTOR<br><u>Landess Funeral Home, Malden, Mo.</u>  |                                  |  |  | 25. DATE RECD. BY LOCAL REG.<br><u>4-14-1960</u>   |  | 26. REGISTRAR'S SIGNATURE<br><u>[Signature]</u>                                      |   |  |  |

D.P.M. 4-18-60  
Co. Riley Mo. 460-129

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 Richard V. Beall, Student Embalmer No. 601 working under my personal supervision.

Student Richard V. Beall  
Signature of Student Embalmer

Signed Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.