

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027614

STATE FILE NUMBER

Registration District No. 68 Primary Registration District No. 5260 Registrar's No. 45

**FILED AUG 5 1963**

DO NOT WRITE ON THIS STUB  
AMENDED

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	ITEM NO.	SHOULD READ
1 0227								
2 0220								
3								
4 0								
5 2								
6								
7 0								
8 0								
9 4344								
10								
11								
12 90-71								
13 1-0								

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Oldfield Township</u>		c. CITY OR TOWN <u>Chadwick</u>	
Length of stay in 1b <u>3 months</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home of Mary Lou Lilly</u>		d. STREET ADDRESS (If outside, give location) <u>no street address</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Benjamin</u> Last <u>Procter</u>			4. DATE OF DEATH Month <u>July</u> Day <u>26</u> Year <u>1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/5/1874</u>
9. AGE (last birthday) <u>89</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dairy &amp; Stockman</u>	11. BIRTHPLACE (City and state or country) <u>Rogersville, Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Richard Procter</u>	
13b. MOTHER'S MAIDEN NAME <u>Delpha Ann Barnard</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Elizabeth Neuberry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>no</u>		16. SOCIAL SECURITY NO. <u>                    </u>	
17. INFORMANT <u>Mrs. Sarah McGrath, Forsyth, Missouri</u>		Address <u>                    </u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) <u>Senility</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Hour <u>          </u> a.m. / p.m. Month, Day, Year <u>          </u>	20d. INJURY OCCURRED WHILE AT WORK <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.) <u>          </u>		20f. CITY, TOWN, OR LOCATION <u>          </u> COUNTY <u>          </u> STATE <u>          </u>	
21. I attended the deceased from <u>7-2-63</u> to <u>7-25-63</u> and last saw <sup>him</sup> alive on <u>7-25-63</u> Death occurred at <u>2:15</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Decee or title) <u>Mary King, D.O.</u>		22b. ADDRESS <u>Forsyth, Mo.</u>	
22c. DATE SIGNED <u>7-29-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 28, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Chadwick Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Chadwick, Missouri</u>	
24. FUNERAL DIRECTOR <u>Alan Harris, Ozark, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 1, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Mary Kaufman</u>			

USE BLACK INK OR TYPEWRITER RIBBON

Permit obtained July 27, 1963.

M. X.

**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 John Harris

Licensed Embalmer No. 4390

P. O. Address Ozark, 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.