

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031583

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 403

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 13 1963

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Cape Girardeau</u>		Length of stay in 1b <u>11 wks.</u>	c. CITY OR TOWN <u>Advance,</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Southeast Mo. Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Raina</u> Middle <u>Drum</u> Last <u>Proffer</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>4</u> Year <u>1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-15-85</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>household</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>household</u>	9. AGE (last birthday) <u>68</u>
13a. FATHER'S NAME <u>Robert M. Drum</u>		13b. MOTHER'S MAIDEN NAME <u>Lou Moll Drum</u>	14. NAME OF HUSBAND OR WIFE <u>Early E. Proffer</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of) <u>no</u>		17. INFORMANT <u>Early E. Proffer, Advance, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> DUE TO (b) <u>Gen. arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u> <u>2 yr</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension</u>			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 _____ a.m. _____ p.m.	Month, Day, Year _____		
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.)	20f. CITY, TOWN, OR LOCATION <u>Advance, Mo.</u>	COUNTY _____ STATE _____
21. I attended the deceased from _____ to <u>Sept 4 1963</u> and last saw her <sup>her</sup> <sub>him</sub> alive on <u>Sept 4 1963</u> Death occurred at <u>5:35 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H. Hedinger MD</u>		22b. ADDRESS <u>Cape Girardeau Mo</u>	22c. DATE SIGNED <u>9-7-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-7-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Morgan Memorial Park</u>	23d. LOCATION (City, town, or county) <u>Advance, Mo.</u>
24. FUNERAL DIRECTOR <u>Wm. H. Morgan, Advance, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-9-63</u>	26. REGISTRAR'S SIGNATURE <u>Gene Kasten</u>

**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

*Wm. H. Morgan*

Licensed Embalmer No.

*4640*

P. O. Address

*Advance, 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.