

FILED MAR 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5455

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 4326 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Olney</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Olney</u> <span style="float: right;">0660</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED a. (First) <u>HERMAN</u> (Type or Print)		b. (Middle) <u>William</u> c. (Last) <u>PROCTOR</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 3, 1950</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>Colored</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 12, 1871</u>	
9. AGE (In years last birthday) <u>78</u>		10. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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	
13a. FATHER'S NAME <u>Willis Proctor</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Proctor</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma Proctor</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	
16. SOCIAL SECURITY NO. <u>00</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lawrence Proctor</u> ADDRESS <u>Olney</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis.</u> DUE TO (c) <u>Arterio Sclerosis.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		22. I hereby certify that I attended the deceased from <u>Jan 12, 1950</u> , to <u>Mar 3, 1950</u> , that I last saw the deceased alive on <u>Feb 2, 1950</u> , and that death occurred at <u>10:15 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>L. L. Latham</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>California, Mo.</u>	
23c. DATE SIGNED <u>Mar 5-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Mar. 6, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Private</u>	
24d. LOCATION (City, town, or county) (State) <u>Olney</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter D. Phillips</u> ADDRESS <u>Olney</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 6, 1950</u>		REGISTRAR'S SIGNATURE <u>Robert W. Walters</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District File Number \_\_\_\_\_  
District Health Officer No. 9,  
RECEIVED MAR 7 1950

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Louis D. Phillips*  
Licensed Embalmer No. *3663*

P. O. Address *London*

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 this body is not embalmed, fact should be so stated above.