

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13466

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Ray County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond, Mo.</u>		c. LENGTH OF STAY (in this place) OR <u>4 Days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rout 5, Richmond Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Irey</u> b. (Middle) <u>Clay</u> c. (Last) <u>Proffitt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April, 22, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>April, 15, 1876</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 15 MIN. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Concrete &amp; Plaster, Local Here</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Ray County, Mo.</u>	11. BIRTHPLACE (State or foreign country) <u>U. S. A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Benjamin Smith Proffitt</u>	13b. MOTHER'S MAIDEN NAME <u>Cyrena Jane Leaky</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>492-14-0638</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle McMillan</u>	ADDRESS <u>Richmond</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		<u>2 yrs</u>
	DUE TO (c) <u>Hypostatic Pneumonia</u>		<u>2 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>443X</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Apr 17, 1949, to Apr 22, 1949, that I last saw the deceased alive on Apr 22, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. E. G. Renner M.D. D.O.</u> (Degree or title)	23b. ADDRESS <u>Richmond, Mo.</u>	23c. DATE SIGNED <u>Apr 23 '49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April, 24, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Norborne Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 23-1949</u>	REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John S. Ditch</u>	ADDRESS <u>Norborne Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-10-49

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 me

John Deitch Jr

Student Embalmer No. 322

working under my personal supervision.

Student John Deitch Jr  
Student Embalmer

Signed John G Deitch Sr.

Licensed Embalmer No. 3654

P. O. Address Northbone 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 this body is not embalmed, fact should be so stated above.