

No. 300
10-48

FILED JUL 8 1949
Dr. Enloe

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18996

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5304 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Osage Twnshp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Osage Twnshp</u>	
c. LENGTH OF STAY (In this place) <u>69 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R.R.#4, Jefferson City, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R.#4, Jefferson C. ty, Mo</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Julia</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Propst</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June-30-1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W. dow</u>	8. DATE OF BIRTH <u>Feb-14-1880</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>16</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Household</u>	11. BIRTHPLACE (State or foreign country) <u>Cole C unty, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Nicholas Schubert</u>	13b. MOTHER'S MAIDEN NAME <u>Rose Bausbach</u>	14. NAME OF HUSBAND OR WIFE <u>Louis Propst</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Oliver Propst, R.R.#4, Jefferson City, Mo</u>	ADDRESS <u>Jefferson City, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial hypertension</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>444X</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Cole Mo</u>
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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 6/27, 1949, to 6/30, 1949, that I last saw the deceased alive on 6/30, 1949, and that death occurred at 1:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Woodruff M.D.</u>	23b. ADDRESS <u>Jefferson City, Mo</u>	23c. DATE SIGNED <u>7/1/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July-2-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Honey Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Honey Creek, Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 2-1949</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis, MD</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>W. B. Gordon</u>	ADDRESS <u>Jefferson City, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District File Number _____
District Health Officer No. 9,
RECEIVED JUL 6 1949

SEP 16 1949

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.

Signed Ferd P. Dulle

Signed _____
Student Embalmer

Licensed Embalmer No. 3890

P. O. Address Jefferson City, 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.