

FILED JUL 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22698**

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

17
7
3

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 271

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BUTLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL BLUFF</u>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - ASH HILL</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 MI S BRUSELEY MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DOCTORS HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ISOM</u> b. (Middle) <u>ELMER</u> c. (Last) <u>PROPPES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 15 1949</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 2-1869</u>
9. AGE (In years last birthday) <u>80</u>		10. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>MARIETTA KY</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>			
13a. FATHER'S NAME <u>WILLIS PROPPES</u>		13b. MOTHER'S MAIDEN NAME <u>MARY BECK</u>	
14. NAME OF HUSBAND OR WIFE <u>ELIZABETH PROPPES</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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Proppes Bruseley</u>		ADDRESS <u>MO</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>Asphyxiation</u> ANTECEDENT CAUSES <u>Cardiac Failure</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular</u> DUE TO (c) <u>renal disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6</u> _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>6-30</u> , 19 <u>49</u> , to <u>7-15</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7-15</u> , 19 <u>49</u> , and that death occurred <u>ab. 40 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. H. Johnson</u>		23b. ADDRESS <u>Topla Bluff Mo.</u>	
23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 17 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>BROWN CHAPEL CEM</u>		24d. LOCATION (City, town, or county) (State) <u>1 1/2 MI S BRUSELEY MO</u>	
DATE REC'D BY LOCAL REG. <u>7-19-49</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> 428	
25. FUNERAL DIRECTOR'S SIGNATURE <u>N. J. Phelps</u>		ADDRESS <u>Heplan Bluff mo</u>	

JUL 25 REC'D

BUTLER COUNTY HEALTH CENTER
PO BOX 12 BLUFF MEADOW

749-201

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.....
Student Embalmer

Signed *N. T. Phillips*

Licensed Embalmer No. *3231*

P. O. Address *Hoplar Bluff mead*

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.