

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33940
Registrar's No. 58

FILED NOV 15 1950

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249

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

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hillsboro		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Arcadia Township	
c. LENGTH OF STAY (in this place) 6 mo.		d. STREET ADDRESS (If rural, give location) 4 mi. S.E. of Arcadia	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cedar Grove Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth	b. (Middle)	c. (Last) Propst	4. DATE OF DEATH (Month) (Day) (Year) Oct 12 1950
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5. SEX fem	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Nov. 5 1860	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 11 Days 7	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cape Girardeau Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME David Propst	13b. MOTHER'S MAIDEN NAME Mary Ann Burgette	14. NAME OF HUSBAND OR WIFE #
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Willis Propst, Ironton Mo.	ADDRESS
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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, asthenia, etc.—It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, bilateral		3 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Infirmities of old age.		49 IX	

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) (Min.)	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 **April 1950** to **October 12, 1950**, that I last saw the deceased alive on **Oct 11, 1950** and that death occurred at **11:00P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.	23b. ADDRESS Desoto, Mo.	23c. DATE SIGNED 10-25-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10-15-50	24c. NAME OF CEMETERY OR CREMATORY Masonic Cem.	24d. LOCATION (City, town, or county) (State) Ironton Mo.
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DATE REC'D BY LOCAL REG. 10-27-50	REGISTRAR'S SIGNATURE Harold Marsden	25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home, Ironton Mo.	ADDRESS Ironton Mo.
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED 11-4-50
~~11-5~~

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 _____
Student Embalmer

Signed Russell White

Licensed Embalmer No. 3012

P. O. Address London, 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.