

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22027

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5715 Registrar's No. 58

5096

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

1. PLACE OF DEATH a. COUNTY <b>Bollinger</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Bollinger</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural White Water</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural White Water</b>	
c. LENGTH OF STAY (If in place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>Perryville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF HOSPITAL OR INSTITUTION	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>James</b>	b. (Middle) <b>R.</b>	c. (Last) <b>Propst</b>	4. DATE OF DEATH (Month) <b>July</b> (Day) <b>28</b> (Year) <b>1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 15 1879</b>	9. AGE (In years last birthday) <b>71</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 MRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Bollinger Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Peter Propst</b>	13b. MOTHER'S MAIDEN NAME <b>Glenda Barks</b>	14. NAME OF HUSBAND OR WIFE <b>Cicile Propst</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Cicile Propst</b> ADDRESS <b>Sedgwickville Mo.</b>
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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 <b>6 mo</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Metastatic</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma - mouth</b> DUE TO (c) <b>Primary lesion</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>1 1/2 yr</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>144X</b>	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) (Minute)	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 Nov 15, 1950, to July 28, 1951, that I last saw the deceased alive on July 25, 1951, and that death occurred at 2:50 P.M. from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title)	23b. ADDRESS <b>Perryville Mo</b>	23c. DATE SIGNED <b>7-30-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 30 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hope Well Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Bollinger Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Aug. 1, 1951</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Young &amp; Sons</b> ADDRESS <b>Perryville Mo</b>
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(Licensed Embalmer's Judgment on Reverse Side)

AUG 4 1951

DISTRICT HEALTH OFFICE No.

AUG 20 1951

**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

Licensed Embalmer No. *21275*

P. O. Address *Peruville, 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.