

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12719**

FILED JAN 15 1954

BIRTH NO. _____		REG. DIST. NO. 144		PRIMARY REG. DIST. NO. 5564		Registrar's No. 1			
1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri COUNTY Iron					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Union)		c. LENGTH OF STAY (In this place) life		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Union Township		0470			
d. FULL NAME OF HOSPITAL OR INSTITUTION 9 mi. SW of Annapolis				d. STREET ADDRESS (If rural, give location) 9 mi. SW of Annapolis					
3. NAME OF DECEASED (Type or Print) a. (First) ADOLPH			b. (Middle) ALONZO		c. (Last) PROPST		4. DATE OF DEATH (Month) (Day) (Year) Dec. 24 1953		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Apr. 3 1888		9. AGE (In years last birthday) 65 If UNDER 1 YEAR Months 8 If UNDER 24 Hrs. Days 21 Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Annapolis, Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Propst			13b. MOTHER'S MAIDEN NAME Nancy Propst			14. NAME OF HUSBAND OR WIFE Mary White Propst			
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 ADDRESS Ernest Propst, Des Arc, Missouri				
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) arteriosclerosis 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.						INTERVAL BETWEEN ONSET AND DEATH unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from July 10, 1953 , to July 30, 1953 , that I last saw the deceased alive on July 30, 1953 , and that death occurred at 11.00A M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) C. M. Fitzpatrick				23b. ADDRESS Pesterville, Mo.		23c. DATE SIGNED 11/1/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12-27-53		24c. NAME OF CEMETERY OR CREMATORY White Cemetery		24d. LOCATION (City, town, or county) (State) Minimum, Mo.			
DATE REC'D BY LOCAL REG. 1-11-54		REGISTRAR'S SIGNATURE Mrs. Aris Jones		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo.					

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

0470

JAN 25 1954

embalmed

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

Paul J. White

Licensed Embalmer No. 3012

P. O. Address Clinton, N.C. (Failure

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.