

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15349**BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **5304** Registrar's No. **139**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Osage Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Osage Township	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 0 260	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 miles south of Jefferson City, Mo.		Rural	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Propst c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May, 17, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 20, 1865	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Days 1 Hours 27 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (City and State or Foreign Country) Honey Creek ? Mo.		12. COUNTRY OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Propst	13b. MOTHER'S MAIDEN NAME Mary Eberhardt	14. NAME OF HUSBAND OR WIFE Anna 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 AND ADDRESS Mrs John Cassmeyer Jefferson City

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 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) Arteriosclerosis nephrosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		6 mo.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X	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)	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 **Jan 1954**, to **May 19 1954** that I last saw the deceased alive on **May 17, 1954** and that death occurred at **11:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dean Taylor M.D.	(Degree or title)	23b. ADDRESS Delmar, Mo.	23c. DATE SIGNED 5-21-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May, 19, 1954	24c. NAME OF CEMETERY OR CREMATORY Honey Creek Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo. R4
DATE REC'D BY LOCAL REG. May 22 1954	REGISTRAR'S SIGNATURE F. J. Davis M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Victor Buescher	ADDRESS Jefferson City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 Victor Brescher

Licensed Embalmer No. 3701

P. O. Address Jeffersonville

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.