

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 2 9 5

FILED VS. DEC 21 1959

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5888

UNDECEASED

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	Length of stay in 1b 40 yrs	c. CITY OR TOWN 3619 Park	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Kansas City
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First James Middle Harrison Last Propst			4. DATE OF DEATH Month 12th Day 5th Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-23-88	9. AGE (last birthday) 71 yrs	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Service		10b. KIND OF BUSINESS OR INDUSTRY Government	11. BIRTHPLACE (City and state or country) Iowa City, Iowa	12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Theodore W. Propst		13b. MOTHER'S MAIDEN NAME Emma L. Hannah	14. NAME OF HUSBAND OR WIFE Vera Propst		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 12-14-17 to 7-11-18		16. SOCIAL SECURITY NO. None	17. INFORMANT V.A. Hospital Reclrds, Kansas City, Mo Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia L.L.L.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Infarction, right cerebrum		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) VA
20f. CITY, TOWN, OR LOCATION Kansas City		COUNTY _____ STATE _____

21. I attended the deceased from **November 19, 1959** to **December 5, 1959** and observed the death occur on **December 5, 1959** at **4:23** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. A. Turner MD	22b. ADDRESS V.A. Hospital, Kansas City, Mo	22c. DATE SIGNED 12-5-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/7/1959	23c. NAME OF CEMETERY OR CREMATORY Mount Moriah Cemetery
23d. LOCATION (City, town, or county) Kansas City Missouri		(State)
24. FUNERAL DIRECTOR D.W. Newcomers Sons	ADDRESS 1331 Brush Creek Blvd.	25. DATE RECD. BY LOCAL REG. 12-7-59
26. REGISTRAR'S SIGNATURE Vera Marshall		

Kansas City Missouri

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

J. A. Turner

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 _____
Signature of Student Embalmer

Signed *W. A. Nelson*

Licensed Embalmer No. 4441

P. O. Address Kansas City

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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