

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048931

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 172 STATE FILE NUMBER

FILED DEC 18 1963

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Perry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Perryville</u> Length of stay in 1b <u>8 days</u> | | c. CITY OR TOWN <u>Patton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Perry County Mem. Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>No Street Address</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANK MARION PROPST</u> | | | 4. DATE OF DEATH Month Day Year <u>Dec. 10 1963</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5/6/1888</u> |
| 9. AGE (last birthday) <u>75</u> | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming, General</u> | 11. BIRTHPLACE (City and state or country) <u>Sedgewickville, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>George Propst</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Elvira Barks</u> | | 14. NAME OF HUSBAND OR WIFE <u>Maud Sample Propst</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No None</u> | | 16. SOCIAL SECURITY NO. <u>[Redacted]</u> | |
| 17. INFORMANT <u>Maud Propst Patton, Mo.</u> | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Tongue</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>11 years</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 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 Month, Day, Year, a.m. p.m. | | | |
| 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.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from <u>9/11/51</u> to <u>12/10/63</u> and last saw <u>him</u> alive on <u>12/10/63</u> . Death occurred at <u>3:20 A</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>William F. Wetmore M.D.</u> | | 22b. ADDRESS <u>PERRYVILLE, MISSOURI</u> | 22c. DATE SIGNED <u>12-14-63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12/12/1963</u> | 23c. NAME OF CEMETERY <u>Patton</u> | 23d. LOCATION (City, town, or county) (State) <u>Patton, Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>McCombs Funeral Home Jackson, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-14-63</u> | 26. REGISTRAR'S SIGNATURE <u>Joe J. Zoellner</u> |

VS 300 Rev. 4/59

DATE AMENDED

1 0795
2 0090
3 2
4 0
5 1
6
7 0
8 2
9 1419
10
11
12 1-0
13 10

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MAR 24 1964

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 Bruce Jackson

Licensed Embalmer No. 5097

P. O. Address Jackson, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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