

FILED JAN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43655**BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **4204** Registrar's No. **182**

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Laredo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Laredo	
c. LENGTH OF STAY (In this place) 7 Years.		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) Cassius	a. (First)	b. (Middle)	c. (Last) Propst.	4. DATE OF DEATH (Month) Dec. (Day) 29 (Year) 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 7 1877	9. AGE (In years last birthday) 72	If UNDER 1 YEAR Months 3 Days 22	If UNDER 2 hrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Greenview Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ephraim Propst	13b. MOTHER'S MAIDEN NAME Betty Grimsley	14. NAME OF HUSBAND OR WIFE Blanche Propst.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes. Spanish American War	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME Mr. J. D. Corcoran	ADDRESS Laredo, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate		INTERVAL BETWEEN ONSET AND DEATH 1 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Do not know		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1772	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ m. _____	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 **June 1st, 1949**, to **Dec. 29th, 1949**, that I last saw the deceased alive on **Dec. 27th, 1949**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Oliver F. Duffy M.D. (Degree or title)	23b. ADDRESS Trenton Mo	23c. DATE SIGNED Dec 29 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 1/2/1950	24c. NAME OF CEMETERY OR CREMATORY R.W. Newcomer + Sons	24d. LOCATION (City, town, or county) (State) Kansas City MO
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DATE REC'D BY LOCAL REG. 1/3/50	REGISTRAR'S SIGNATURE Gene Fair	25. FUNERAL DIRECTOR'S SIGNATURE E.J. Robertson	ADDRESS Funeral Home, Laredo
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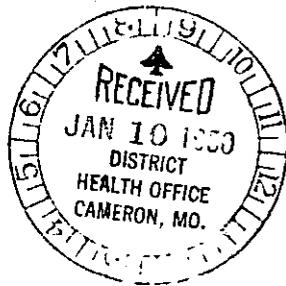
(Licensed Embalmer's Statement on Reverse Side)

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

300
48

JAN 20 1950

FEB 21 1950



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 *John M Robertson*

Licensed Embalmer No. *4388*

P. O. Address *Laredo Mo.*

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.