

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

283

State File No. ....

0117  
2

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

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>89</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair #613</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u> 1		
c. LENGTH OF STAY (In this place) <u>4 yr. 5 mo 27 days</u>		d. STREET ADDRESS (If rural, give location) <u>116 - E. McPherson</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #2</u>				
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		
a. (First) <u>Zeri</u>		b. (Middle) <u>Zenobia</u>		c. (Last) <u>Propst</u>
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>undower</u>
8. DATE OF BIRTH <u>March 30 1873</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor Osteopath</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Medicine</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Frank Propst</u>		
13b. MOTHER'S MAIDEN NAME <u>Martha Foster</u>		14. NAME OF HUSBAND OR WIFE <u>not given</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>S.L. Propst</u>
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) <u>Chronic Myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u>  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  <u>7221</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Jan 1</u> , 1950, to <u>Jan 26</u> , 1950, that I last saw the deceased alive on <u>Jan 26</u> , 1950, and that death occurred at <u>12:40 A. M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Forrest Thomas M.D.</u>		23b. ADDRESS <u>St. Joseph Mo 90 State Hosp No 2</u>		23c. DATE SIGNED <u>1/27-50</u>
24a. BURIAL CREMATION (Specify) <u>4</u>		24b. DATE <u>1-27-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Kirksville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis</u>		
DATE REC'D BY LOCAL REG. <u>Jan 27, 1950</u>		REGISTRAR'S SIGNATURE <u>H. B. Jenkins</u>		ADDRESS <u>Kirksville, Mo.</u>

**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.

Signed Robert B. Davis

Signed .....  
Student Embalmer

Licensed Embalmer No. 4219

P. O. Address Russell, 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 this body is not embalmed, fact should be so stated above.