

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17337  
1950A

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 331

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mt. Vernon, Mo.</b>		c. LENGTH OF STAY (In this place) <b>1368 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. State Sanatorium</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City, Missouri</b> <b>3498</b>	
		d. STREET ADDRESS (If rural, give location) <b>3234 Campbell</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Nancy</b>	b. (Middle) <b>Catherine</b>	c. (Last) <b>Propst</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>5 - 19 - 1950</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>9-25-20</b>	9. AGE (In years last birthday) <b>29</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Registered Nurse</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Nurse</b>	11. BIRTHPLACE (State or foreign country) <b>0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Clarence A. Propst</b>	13b. MOTHER'S MAIDEN NAME <b>Eva Tate</b>	14. NAME OF HUSBAND OR WIFE <b>Single</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>487-12-6979</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ruby Ann Wilson, Record Clerk, Mt. Vernon, Mo.</b> ADDRESS <b>Mo. S.S.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>about 4 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		<b>NO 2X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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?

22. I hereby certify that I attended the deceased from August 20, 1946, to May 19, 1950, that I last saw the deceased alive on 5-19, 1950, and that death occurred at 11:15pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. O. Brushner M.D. U</b>	23b. ADDRESS <b>Mt. Vernon, Mo.</b>	23c. DATE SIGNED <b>5-19-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4/5/20/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Not known</b>	24d. LOCATION (City, town, or county) (State) <b>Buckner Mo</b>
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DATE REC'D BY LOCAL REG. <b>May 20, 1950</b>	REGISTRAR'S SIGNATURE <b>Cecil Vanduck</b>	411	25. GENERAL DIRECTOR'S SIGNATURE <b>Geo. B. Orr</b> ADDRESS <b>Mt. Vernon Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

550

RECEIVED MAY 22 1950  
District Health Office No. 6;

District File Number 550-591  
Date Filed 5-22-50

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 \_\_\_\_\_

*Geo B Orr*

Licensed Embalmer No. 946

P. O. Address Min Yerman 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.