

FILED JAN 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40033**

164
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 398	
1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY MADISON			
b. CITY OR TOWN Cape Girardeau		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN FREDERICK TOWN, MO		d. STREET ADDRESS (If rural, give location) 0671	
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Missouri Hosp							
3. NAME OF DECEASED (Type or Print) a. (First) Joseph			b. (Middle) D.		c. (Last) Probst		4. DATE OF DEATH (Month) (Day) (Year) DEC. 19, 1950
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH JUNE 8, 1884		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 6 Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Bollinger Co.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Daniel Probst			13b. MOTHER'S MAIDEN NAME Juzan Richards			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Wilma Effan ADDRESS St. Louis, MO			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Symptomatic leukemia ANTECEDENT CAUSES Leukemia Morbidity 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.					INTERVAL BETWEEN ONSET AND DEATH 2040
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) 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 April 18, 1950 , to Dec 19, 1950 , that I last saw the deceased alive on Dec 17, 1950 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title)				23b. ADDRESS [Address]		23c. DATE SIGNED 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Dec 23 1950	24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) NEAR Flat River, MO		
DATE REC'D BY LOCAL REG. 12-27-1950		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE C. H. COZEAN ADDRESS Farmington, MO			

RECEIVED

JAN 2 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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

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working under my personal supervision.

Student Embalmer No.

Signed

Lowell Green Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. *4736*

P. O. Address *Cape Girardeau, 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.