

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41332

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5620 Registrar's No. 393

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	c. LENGTH OF STAY (in this place) <u>1</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Minimum</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 mi E of Lebanon, MO.</u>		d. STREET ADDRESS (If rural, give location) <u>Iron</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eugene</u> b. (Middle) <u>L.</u> c. (Last) <u>Propst</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 23 1950</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-26-1917</u>	9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine operator</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Alonso Propst</u>	13b. MOTHER'S MAIDEN NAME <u>Mary White</u>	14. NAME OF HUSBAND OR WIFE <u>Wilma M. Propst</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War II</u>	16. SOCIAL SECURITY NO. <u>495-18-6932</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Kubu</u> ADDRESS <u>Arcadia MO</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>20166</u> <u>9 26</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull, internal injuries</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple Fractures of Lt & Rt leg</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>9 mi E Lebanon on 66</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Laclede Co. MO 053</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 23 1950 PA m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>auto accident - driver</u>
--	---	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard L. Palmer 3-Coroner</u>	23b. ADDRESS <u>Lebanon MO</u>	23c. DATE SIGNED <u>Dec 23 1950</u>
---	--------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 26, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ironston Masonic Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Ironston MO</u>
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>12-23-1950</u>	REGISTRAR'S SIGNATURE <u>Hella L. Day</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer</u> ADDRESS <u>Lebanon, MO</u>
--	---	---

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

530
3

FEB 16 1951

Received DEC 30 1950
Laclede County Health Unit
File No. 12-50-198
Date Filed JAN 2 1951

JAN 18 1951

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 *Emmett E. Everett*.....

Licensed Embalmer No. 4748.....

P. O. Address *Lebanon, 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.