

FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 647

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>5333</u>		Registrar's No. <u>20</u>			
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural #2 Jefferson Township</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jefferson Township</u>		d. STREET ADDRESS (If rural, give location) <u>2miles South 54 Highway</u> <u>0260</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2miles South 54 Highway</u>				d. STREET ADDRESS (If rural, give location) <u>2miles South 54 Highway</u> <u>0260</u>					
3. NAME OF DECEASED (Type or Print) <u>Lena Propst</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>Jan. 19, 1955</u>				5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Feb. 11, 1886</u>				9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>8</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>OWN</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Mo</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Nicholaus Lutz</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Schlagel</u>			14. NAME OF HUSBAND OR WIFE <u>Charles Propst.</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>no</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Carl Propst</u> ADDRESS <u>Jefferson City, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of uterus</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____ DUE TO (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.				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>metastasis</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?			21g. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>2/10, 1954</u> , to <u>1/19, 1955</u> , that I last saw the deceased alive on <u>1/19, 1955</u> , and that death occurred at <u>8:45pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Y Kanagawa MD</u> (Degree or title)				23b. ADDRESS <u>1 Ballinger Bldg</u>		23c. DATE SIGNED <u>1/21/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 22, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>			
25. DATE REC'D BY LOCAL REG. <u>Jan 21-1955</u>		REGISTRAR'S SIGNATURE <u>R.P. Darris MD-DR</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Busch</u> ADDRESS <u>Jefferson City</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>no</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.