

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 31 1956

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5302 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Cole b. COUNTY Cole

c. CITY (If outside corporate limits, write RURAL and give township) Rural Clark township RT# 4

d. FULL NAME OF HOSPITAL OR INSTITUTION 11 miles south Brazito Rd. Mo. d. STREET ADDRESS (If rural, give location) 11 miles south Brazito Rd.

3. NAME OF DECEASED a. (First) Adolph Frank Propst b. (Middle) c. (Last) 4. DATE OF DEATH (Month) (Day) (Year) Jan. 24, 1956

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Dec. 6, 1872 9. AGE (In years last birthday) 83 10. MONTHS 1 11. HOURS 18 12. CITIZEN OF WHAT COUNTRY? USA

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer 10b. KIND OF BUSINESS OR INDUSTRY own 11. BIRTHPLACE (City and State or Foreign Country) Cole So. Missouri. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Propst 13b. MOTHER'S MAIDEN NAME Marie Eberhardt 14. NAME OF HUSBAND OR WIFE Katherine Propst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Mrs Katherine Propst Jefferson City, Mo. RT#4 ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis cardio-vascular system Years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO [X]

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 [] NOT WHILE AT WORK [] 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 1950, to Jan 24, 1956, that I last saw the deceased alive on Jan 14, 1956, and that death occurred at 12:30pm., from the causes and on the dates stated above.

23a. SIGNATURE Robert A. Panner, M.D. (degree or title) 23b. ADDRESS 515 E. High Jefferson City, Mo. 23c. DATE SIGNED Jan 25 1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan 26 1956 24c. NAME OF CEMETERY OR CREMATOR Immanuel Lutheran Cemetery, Honey Creek, Mo. 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 27 Jan 1956 REGISTRAR'S SIGNATURE R.P. Davis, M.D. - MR Victor Kuschner, Jefferson City 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

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

0.300 0.48

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 Buscher

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.