

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3978

FILED MAR 4 1957

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3009 Registrar's No. 154

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jackson</u>		c. CITY OR TOWN <u>Jackson</u> ⁰¹⁶¹ / ₀	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Green's Ferry Rd.</u>		d. STREET ADDRESS (If outside, give location) <u>Green's Ferry Rd.</u>	
Length of stay in 1b <u>5 years</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Edward Marion Propst</u>		4. DATE OF DEATH <u>Feb. 20 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 10, 1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>	11. BIRTHPLACE (City and state or country) <u>Mo Bollinger County</u>
13. FATHER'S NAME <u>Jefferson Propst</u>		14. MOTHER'S MARDEN NAME <u>Catherine</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNK</u>	
17. INFORMANT <u>Ralph Propst</u>		Address <u>Jackson, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>H201</u>
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from <u>1-5-57</u> to <u>2-20-57</u> and last saw ^{her} _{him} alive on <u>1-6-57</u> Death occurred at <u>8:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E. F. McDonald, M.D.</u> (Degree or title)		22b. ADDRESS <u>Jackson, Mo.</u>	
		22c. DATE SIGNED <u>2-22-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb. 22, 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Hedgewickville</u>		23d. LOCATION (City, town, or county) (State) <u>Hedgewickville, Mo.</u>	
24. FUNERAL DIRECTOR <u>McCombs Funeral Home</u> ADDRESS <u>Jackson, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-27-1957</u> 25. REGISTRAR'S SIGNATURE <u>(C. C. Summers)</u>	

alth, Welfare, Public Service, 000-56, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE, Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms were observed. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

44-0

(Licensed Embalmer's Statement on Reverse Side)

MAR 8 1957

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
Signature of Student Embalmer

Signed *BR Meyer*

Licensed Embalmer No. *30*

P. O. Address *Jackson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.