

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23828**

FILED AUG 5 1957

BIRTH NO. _____ REG. DIST. NO. **23** PRIMARY REG. DIST. NO. **5185** Registrar's No. **370**

1. PLACE OF DEATH a. COUNTY Cape Girardeau Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give town) Rural. Cape Girardeau		c. LENGTH OF STAY (in this place) 1 month	c. CITY OR TOWN Cape Girardeau
d. FULL NAME OF HOSPITAL OR INSTITUTION Cape Girardeau Co Farm		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Tony b. (Middle) Edwin c. (Last) Propst		4. DATE OF DEATH (Month) (Day) (Year) July, 25, 1957.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May, 9, 1910
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night watchman		10b. KIND OF BUSINESS OR INDUSTRY Federal Mererial Sedgewickville Mo.	9. AGE (in years last birthday) 47
11a. BIRTHPLACE (City and State or Foreign Country) USA		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Burette Propst	13b. MOTHER'S MAIDEN NAME Ida Statler	14. NAME OF HUSBAND OR WIFE Esther Propst Wife
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 490-14-2372	17. INFORMANT'S SIGNATURE OR NAME Esther Propst R#2 Cape Girardeau	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal injuries due to		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) a crushed chest		
	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 9121	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) County Farm	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) Cape Girardeau Co Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 25 '57 4:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Tractor turned over throwing him off.
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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 **4:30P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. F. Sigmund, Coroner	23b. ADDRESS Jackson Mo	23c. DATE SIGNED 7/28/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/28/57	24c. NAME OF CEMETERY OR CREMATORY Sedgewickville Cemt	24d. LOCATION (City, town, or county) (State) Sedgewickville Mo
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DATE REC'D BY LOCAL REG. 8-1-57	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE L. J. Hansen	ADDRESS Cape Girardeau Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 4 1953

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 *J. J. Hanan*.....

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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