

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34527**

FILED SEP 20 1957

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

BIRTH NO. _____ REG. DIST. NO. **325 9-1-57** PRIMARY REG. DIST. NO. **4480** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Schuyler Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scotland	
b. CITY (If outside corporate limits, write RURAL and give township) Greentop	c. LENGTH OF STAY (In this place) 2 days	c. CITY (If outside corporate limits, write RURAL and give township) Memphis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Greentop Nursing Home		d. STREET ADDRESS (If rural, give location) 990	
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Amus c. (Last) Probst			4. DATE OF DEATH (Month) Aug , (Day) 30 , (Year) 1957
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH July 17, 1873
9. AGE (In years last birthday) 84		10. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Farmer 10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Scotland County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John Probst		13b. MOTHER'S MAIDEN NAME Elizabeth Burrus	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Felix Gunnell <i>Mrs. Felix Gunnell</i>	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		19. 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) Coronary Sclerosis DUE TO (c) Generalized arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 8 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		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?			
22. I hereby certify that I attended the deceased from Aug 30 , 19 57 , to Aug 30 , 19 57 , that I last saw the deceased alive on Aug 30 , 19 57 , and that death occurred at 7:55 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE <i>Frank Brice</i>		23b. ADDRESS Box 235 Greentop Mo.	
23c. DATE SIGNED 9-1-57		23d. LOCATION (City, town, or county) (State) Scotland County, Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Sept. 1, 1957	
24c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery		24d. LOCATION (City, town, or county) (State) Scotland County, Mo.	
DATE REC'D BY LOCAL REG. 9-15-57		REGISTRAR'S SIGNATURE <i>Mrs. R. J. Drake</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>L. H. Drake</i>		ADDRESS <i>Memphis</i>	

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.....

Fred G. ...

Licensed Embalmer No. 4258

P. O. Address Memphis Tenn

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.