

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020661
State File No.

FILED MAY 26 1958

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>4515</u>		Registrar's No. <u>69</u>		
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Milan</u> c. LENGTH OF STAY (in this place) <u>6 hrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SULLIVAN CO. MEMORIAL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SULLIVAN</u> c. CITY OR TOWN <u>HARRIS</u> <u>1050</u> 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) <u>RUBEN</u> b. (Middle) <u>HOWARD</u> c. (Last) <u>PROPPS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-6-1958</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>12-4-1881</u>		
9. AGE (In years last birthday) <u>77</u>			IF UNDER 1 YEAR Months <u>5</u> Days <u>2</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM E.C. PROPPS</u>			13b. MOTHER'S MAIDEN NAME <u>AMERICA E. BISH</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>LESTER PROPPS HARRIS</u> ADDRESS <u>MISSOURI</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Malignant Hypertension</u> DUE TO (c) <u>Chronic Myo. Carditis -</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Debility</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5-6 hours</u> <u>10-15 yrs</u> <u>10-15 yrs</u> <u>3-4 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input 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)		441X		
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 <u>Jan</u> - <u>1958</u> to <u>May</u> , 1958, that I last saw the deceased alive on <u>5-6</u> , 19 <u>58</u> , and that death occurred at <u>6:57 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>An Eitel</u> (Degree or title)			23b. ADDRESS <u>442 East Mo</u>			23c. DATE SIGNED <u>5/7/58</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY-8-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HARRIS Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>HARRIS Mo</u>		
DATE REC'D BY LOCAL REG. <u>5-17-58</u>		REGISTRAR'S SIGNATURE <u>Mrs. M.W. Beckett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jesse Payne</u>		ADDRESS <u>Newtown Mo</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.....
Signature of Student Embalmer

Signed *T. Howard Guild*

Licensed Embalmer No. *525*

P. O. Address *New York*

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.