

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-024235

FILED VS JUL 6 1960

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 264

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri COUNTY St. Francois (mission)					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Length of stay in 1b 3 Wks.		c. CITY OR TOWN Elvins		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 624 Camilla		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last ODIE MARION PROPST				4. DATE OF DEATH Month Day Year June 30, 1960					
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/22/1891	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months 8 Days 8	IF UNDER 24 HR Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Miner			10b. KIND OF BUSINESS OR INDUSTRY Lead		11. BIRTHPLACE (City and state or country) Bollinger Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Henry Propst			13b. MOTHER'S MAIDEN NAME Minerva Stotler			14. NAME OF HUSBAND OR WIFE Francis Stricklin Props			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes War # 1			16. SOCIAL SECURITY NO. 493-03-9009		17. INFORMANT Address Mrs. Francis Propst Elvins, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction							INTERVAL BETWEEN ONSET AND DEATH 6-9-60		
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) Arterio Sclerotic Heart Disease									
DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.)					
20c. TIME OF INJURY Hour a.m. p.m. Hour		Month, Day, Year							
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 April 17-60 to June 30-60 and last saw ^{them} him alive on June 30-60 Death occurred at 10:50 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE C H Appleberry M.D. (Degree or title)				22b. ADDRESS Rivermines, Mo				22c. DATE SIGNED 7/1/1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/3/1960	23c. NAME OF CEMETERY OR CREMATORY St. Francois Memo Park			23d. LOCATION (City, town, or county) (State) St. Francois Co. Mo.			
24. FUNERAL DIRECTOR Murphy L. Sparks Flat River, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. July 2, 1960		26. REGISTRAR'S SIGNATURE Esther Rudloff			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 7 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Murphy Sparks

Licensed Embalmer No. *1256*

P. O. Address *St. Louis*

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.