

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037212

FILED VS. OCT 13 1960 356

Registration District No. 6211 Registrar's No. 83

STATE FILE NUMBER

|  |  |   |  |   |   |  |   |  |  |  |  |                |  |
|--|--|---|--|---|---|--|---|--|--|--|--|----------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Texas</b>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Laclede</b>                       |   |  |   |  |  |  |  |                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Plato</b>  |  | Length of stay in 1b<br><b>3 mos.</b>   |  | c. CITY OR TOWN<br><b>Lynchburg</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |  |  |  |                |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Hwy. A H, near Plato</b>   |  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><b>Lynchburg</b> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |  |  |  |                |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Victor</b> Middle <b>Propst</b> Last <b>Propst</b>   |  |   |  | 4. DATE OF DEATH<br>Month <b>Sept.</b> Day <b>28</b> Year <b>60</b>   |   |  |   |  |  |  |  |                |  |
| 5. SEX<br><b>male</b>  |  | 6. COLOR OR RACE<br><b>white</b>  |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><b>3-4-1912</b>  |   | 9. AGE (last birthday)<br><b>48</b>  |  | IF UNDER 1 YEAR<br>Months Days Hours Min.          |  | IF UNDER 24 HR |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Construction worker</b>  |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>construction</b>  |   | 11. BIRTHPLACE (City and state or country)<br><b>Poplar Bluff, Mo.</b>               |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |  |  |  |                |  |
| 13a. FATHER'S NAME<br><b>unknown</b>   |  |   |  | 13b. MOTHER'S MAIDEN NAME<br><b>unknown</b>   |   |  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Mayme Reaves Propst</b>  |  |  |  |                |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |  |   |  | 16. SOCIAL SECURITY NO.<br><b>498-14-1464</b>   |   | 17. INFORMANT<br><b>Mrs. Mayme Propst, Lynchburg, Mo.</b><br>Address                 |   |  |  |  |  |                |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Crushed Chest</b>   |  |   |  |   |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>instant</b> |  |                |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>being pinned between a</b>   |  |   |  |   |   |  |   |  |  |  |  |                |  |
| DUE TO (c) <b>door &amp; tractor trailer</b>   |  |   |  |   |   |  |   |  |  |  |  |                |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |  |  |                |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  | 20a. ACCIDENT <input checked="" 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.)<br><b>pinned between door &amp; tractor trailer</b>            |   |  |   |  |  |  |  |                |  |
| 20c. TIME OF INJURY<br><b>7:45</b>   |  | Hour <b>7:45 a.m.</b> Month, Day, Year <b>9-28-60</b>   |  | while at work near Highway A H  |   |  |   |  |  |  |  |                |  |
| 20d. INJURY OCCURRED WHILE AT WORK? <input checked="" 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.)<br><b>Highway A H near Plato, Bourbon Co., Mo.</b> |  | 20f. CITY, TOWN OR LOCATION<br><b>Lynchburg</b>   |   | COUNTY<br><b>Laclede</b>   |   | STATE<br><b>Mo.</b>  |  |  |  |                |  |
| 21. I <b>VIEWED</b> the deceased from <b>9-28-60</b> to <b>9-28-60</b> and last saw him alive on <b>9-28-60</b> .<br>Death occurred at <b>7:45 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |   |  |   |  |  |  |  |                |  |
| 22a. SIGNATURE<br><b>James S. Neely, Coroner</b>   |  |   |  | 22b. ADDRESS<br><b>Calool, Mo.</b>  |   |  |   | 22c. DATE SIGNED<br><b>9-28-60</b>   |  |  |  |                |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |  | 23b. DATE<br><b>9-28-60</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Jefferson City Missouri</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>Jefferson City Missouri</b>      |   |  |  |  |  |                |  |
| 24. FUNERAL DIRECTOR<br><b>J. J. Shadel</b>  |  |   |  | ADDRESS<br><b>Lebanon, Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>10-10-60</b>                                      |   | 26. REGISTRAR'S SIGNATURE<br><b>Myrtle Craig</b>   |  |  |  |                |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 25 1960

NOV 4 1960

VS NOV 18 1960

YS OCT 13 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 Gene C. Hunt

Licensed Embalmer No. 4738

P. O. Address Spfld. Vt.

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.