

FILED APR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9724

State File No.

 BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELVINS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PLAT RIVER</u>	
c. LENGTH OF STAY (In this place) <u>1 year</u>		d. STREET ADDRESS (If rural, give location) <u>D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAUD</u> b. (Middle) <u>PRATT</u> c. (Last) <u>PRATT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 16 1949</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>1889 SEPT. 6</u>	9. AGE (In years last birthday) <u>59</u>	10. IF UNDER 1 YEAR Months <u>6</u> Days <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARE OF HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>WASHINGTON</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>FRANCOIS-OSHIA</u>		13b. MOTHER'S MAIDEN NAME <u>MARY (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>LAWRENCE PRATT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>IRVING STORES</u> ADDRESS	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cholera's lesion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Negacarditis</u>				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		
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 June 1948 to March 16, 1949 that I last saw the deceased alive on 3-16, 1949, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. O. Gack M.D.</u>		23b. ADDRESS <u>Devoige Mo</u>		23c. DATE SIGNED <u>3-19-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. FRANCOIS</u>		24d. LOCATION (City, town, or county) (State) <u>ST. FRANCOIS MO</u>	
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DATE REC'D BY LOCAL REG. <u>Mar. 21, 1949</u>		REGISTRAR'S SIGNATURE <u>Esther Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. BOYER</u> ADDRESS <u>Devoige</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.4894
3

RECEIVED

District Health Officer No. 4

District File Number 449-44

Date Filed 4-4-49

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 B. T. Doyen

Licensed Embalmer No. 3660

P. O. Address Keeloke, Mo.

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.