

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10088

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 121

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) <u>Farmington</u> OR TOWN <u>RURAL</u>		c. LENGTH OF STAY (In this place) <u>5Y; 5M; 25D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Knob Lick</u>	
		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GENEVIEVE</u> b. (Middle) <u>BENJAMIN</u> c. (Last) <u>PRATT (PRATTE)</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 27, 1950</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>Aug. 17, 1868</u>		9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR Days <u>7</u>	
11. IF UNDER 4 HRS. Hours <u>10</u>		11. BIRTHPLACE (State or foreign country) <u>Ste. Genevieve, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		

13a. FATHER'S NAME <u>Alexander Henderson Chadwell</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Benjamin</u>		14. NAME OF HUSBAND OR WIFE <u>Henry L. Pratte</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records State Hospital No. 4, Farmington, Mo.</u>	
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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, asthemia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Senile Psychosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>304X</u> <u>Several Yrs.</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) m.		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 Nov. 4, 1949, to March 27, 1950, that I last saw the deceased alive on March 27, 1950 and that death occurred at 3:00 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>4-1-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-28-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valle Springs Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ste. Genevieve, Missouri</u>	
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DATE REC'D BY LOCAL REG <u>Apr. 1, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cozean Funeral Home, Farmington, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

APR 11 1950

DISTRICT HEALTH OFFICE No.

File No. 450-548

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 _____

W. Crozeau
4084
Licensed Embalmer (No. _____)

P. O. Address *Farmington, Me.*

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.