

FILED JAN 10 1951

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41871
State File No. _____
Registrar's No. 167

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 6073

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

910

1. PLACE OF DEATH a. COUNTY <u>RIPLEY - Washington Twp</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>FAIR DEALING</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>FAIR DEALING, 0910</u>	
c. LENGTH OF STAY (In this place) <u>2 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>PRATTE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 8 - 1950</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>2-23-1866</u>		9. AGE (In years of last birthday) <u>84</u>		10. F UNDER 1 YEAR <u>9</u> F UNDER 15 HRS. <u>15</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER - RETIRED</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>JEFFERSON COUNTY Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>LOUIS PRATTE</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH E. GIBBONS</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS NAOMI JOHNSON</u>	
				ADDRESS <u>FAIR DEALING 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>		ANTECEDENT CAUSES				<u>2 years</u>	
DUE TO (b) <u>Arteriosclerosis</u>		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>10 years</u>	
DUE TO (c) <u>Senility</u>		II. OTHER SIGNIFICANT CONDITIONS				<u>4/500</u>	
		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 May, 1948, to Dec 8, 1950, that I last saw the deceased alive on Dec 7, 1950, and that death occurred at 11 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Johnson</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Doniphan Mo</u>		23c. DATE SIGNED <u>12/8/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVED</u>		24b. DATE <u>12-9-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW ST. MARCUS</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS, MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>12-9-50</u>		REGISTRAR'S SIGNATURE <u>E. Johnston</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. H. Edwards</u>		ADDRESS <u>Doniphan Missouri</u>	
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MAR 26 1953

FEB 6 1951

RECEIVED

JAN 8 1951

DISTRICT HEALTH OFFICE N

No.

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.....

12-8-1950

working under my personal supervision.

Student Embalmer No.....

Signed *Lee P. Leuckel*

Signed.....
Student Embalmer

Licensed Embalmer No. *3475*

P. O. Address *Douglas, 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.