

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 16 1951

State File No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3074 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIKESTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIKESTON</u> <u>1003</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>601 DELMAR</u>		d. STREET ADDRESS (If rural, give location) <u>601 DELMAR</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>ELMORE</u> c. (Last) <u>PRATT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-11-51</u>		
5. SEX <u>MO</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAR. 6 1882</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NET FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>unknown</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH ELIZABETH</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>H. J. McIntire - Sikeston Mo.</u>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal Cell Carcinoma of Rt side face + eye.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>malnutrition - cachexia</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>171x</u>	

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) _____
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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? _____
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22. I hereby certify that I attended the deceased from April, 1950, to Jan 11, 1951, that I last saw the deceased alive on Jan 11, 1951, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Howard U. Dunaway M.D.</u>	23b. ADDRESS <u>Sikeston - Mo.</u>	23c. DATE SIGNED <u>Feb 1-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-13-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CARPENTER</u>	24d. LOCATION (City, town, or county) (State) <u>SCOTT Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 9-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hunter</u>	ADDRESS <u>W. H. Hunter Funeral Home - Sikeston Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 12 1951
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 251-45

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

Raymond J. Crews

Licensed Embalmer No. 3467

P. O. Address St. Keaton 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.