

STANDARD CERTIFICATE OF DEATH

State File No. **21105**

FILED JUL 5-1957

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 2155

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Bonne Terre</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Farmington</b>	
c. LENGTH OF STAY (In this place) <b>2 da</b>		d. STREET ADDRESS (If rural, give location) <b>0941</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bonne Terre</b>			

3. NAME OF DECEASED (Type or Print) <b>Grover Cleveland Pratt</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 22, 1951</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 23 1887</b>	9. AGE (In years last birthday) <b>64</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>radio repair man</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Farmington, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>William S. Pratt</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Davis</b>	14. NAME OF HUSBAND OR WIFE <b>Bertha Pratt</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. G. C. Pratt Farmington Mo</b>		

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gastric Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>36 hrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes Mellitus</b>		<b>4 years.</b>
	DUE TO (c) <b>Langrene of foot</b>		<b>4 months</b>
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterial Sclerosis 260X</b>			<b>2 years</b>

19a. DATE OF OPERATION <b>5-18-51</b>	19b. MAJOR FINDINGS OF OPERATION <b>Langrene of foot - Sclerosis of Arteries</b>	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) <b>Farmington St. Francois Tex</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>5:50 AM</b>	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 **April 13 1951**, to **June 22 1951**, that I last saw the deceased alive on **June 22 1951**, and that death occurred at **6 AM.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. Geo. L. Walkers</b>	(Degree or title)	23b. ADDRESS <b>Farmington Mo.</b>	23c. DATE SIGNED <b>6-26-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>June 24, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Masonic</b>	24d. LOCATION (City, town, or county) (State) <b>Farmington Missouri</b>
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DATE REC'D BY LOCAL REG. <b>JUNE 26, 1951</b>	REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. H. Cozean</b>	ADDRESS <b>Farmington</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

741

mo.

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

JUL - 2 1951

RECEIVED

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Ch Cozear*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4064*

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.