

FILED NOV 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40406
State File No. *172*

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>115</u>		Registrar's No. <u>172</u>			
1. PLACE OF DEATH a. COUNTY <u>Scott 1000</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 town) OR TOWN <u>Rural 6115</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL 1000</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MOKEY RFD #1</u>				d. STREET ADDRESS (If rural, give location) <u>MORLEY RFD #1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u>			b. (Middle) <u>MONROE</u>			c. (Last) <u>PRATT</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>11-4-1951</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>NOV 15 1868</u>	
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	
11. BIRTHPLACE (State or foreign country) <u>SCOTT Co., MO.</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE _____			
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>Oswell Pratt - Sikeston Mo.</u>				ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute heart failure</u>						<u>1 wk.</u>	
		ANTECEDENT CAUSES							
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Chronic valvular insufficiency</u></p> <p>DUE TO (c) <u>Senility</u></p>						<u>10 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS									
<p>Conditions contributing to the death but not related to the disease or condition causing death.</p>									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4214</u>						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 <u>May</u> , 1950, to <u>4-Nov</u> , 1951, that I last saw the deceased alive on <u>19-Oct</u> , 1951, and that death occurred at <u>7:15 A.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>H.B. Throgmorton M.D.</u>				23b. ADDRESS <u>Sikeston, MO</u>				23c. DATE SIGNED <u>5-Nov-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-6-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MORLEY NEW</u>		24d. LOCATION (City, town, or county) (State) <u>MORLEY MO</u>			
DATE REC'D BY LOCAL REG. <u>11-17-51</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Welch Funeral Home - Sikeston Mo</u>		ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 19 1951
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1151-247

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 Sews

Licensed Embalmer No.

3467

P. O. Address.....

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.