

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1713

State File No.

FILED JAN 23 1952

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jasper</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Jasper</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Joplin</p>		c. LENGTH OF STAY (In this place) <p style="text-align: center;">62 Yrs</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Joplin</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">St. John's Hospital</p>			d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">605 Islington Pl.</p>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p style="text-align: center;">Fred</p>	b. (Middle) <p style="text-align: center;">C.</p>	c. (Last) <p style="text-align: center;">PRATT</p>	(Month) <p style="text-align: center;">January</p>	(Day) <p style="text-align: center;">6,</p>	(Year) <p style="text-align: center;">1952</p>

5. SEX <p style="text-align: center;">Male</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Married</p>	8. DATE OF BIRTH <p style="text-align: center;">August 7, 1889</p>	9. AGE (In years last birthday) <p style="text-align: center;">62</p>	IF UNDER 1 YEAR Months <p style="text-align: center;">0</p>	IF UNDER 1 YEAR Days <p style="text-align: center;">0</p>	IF UNDER 1 YEAR Hours <p style="text-align: center;">0</p>	IF UNDER 1 YEAR Mins. <p style="text-align: center;">0</p>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Retired Electrical Engineer</p>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Joplin, Missouri</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.</p>	
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13a. FATHER'S NAME <p style="text-align: center;">E. J. Pratt</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Kate Cameron</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Rhea Pratt</p>			
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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) <p style="text-align: center;">No</p>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Rhea Pratt</p>				ADDRESS <p style="text-align: center;">605 Islington Pl. Joplin, Mo.</p>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Cerebral Hemorrhage</p>						<p style="text-align: center;">12 hrs.</p>	
		ANTECEDENT CAUSES							
		DUE TO (b) <p style="text-align: center;">Arteriosclerotic heart disease</p> DUE TO (c) <p style="text-align: center;">Hypertensive heart disease</p>						<p style="text-align: center;">3 years</p>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">4200</p>				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) (Min)		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 9/7/1950, to 1/6/1952, that I last saw the deceased alive on 1-6-1952, and that death occurred at 2:00a.m., from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;">G. A. Schulte, M. D.</p>		23b. ADDRESS <p style="text-align: center;">421 Frisco Bldg, Joplin, Mo</p>		23c. DATE SIGNED <p style="text-align: center;">1/11/52</p>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">Jan 8, 1952</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Ozark Memorial Park</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Joplin, Missouri</p>	
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">1-12-52</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">by Selma Lamphier</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Hornhill-Dillon Mortuary</p>		ADDRESS <p style="text-align: center;">Joplin, Mo.</p>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1495
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RECEIVED 1-21-52
Jasper County Health Office

County File Number 52/1/45
Date Filed 1-22-52

APR 19 1962

SEP 20 1955

JAN 20 1952

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.....
Student Embalmer

Signed

David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.