

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42397**
5328

FILED DEC 20 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>5328</u>
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>NORTH CAROLINA</u> b. COUNTY <u>MECKLENBURG</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>5 WEEKS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHARLOTTE</u> <u>8320 N</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OSTEOPATHIC HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>1721 CHATHAM AVENUE</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LESTER</u> b. (Middle) <u>DAYTON</u> c. (Last) <u>PRAATT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December - 5 - 1952</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 30 - 1914</u>	9. AGE (In years last birthday) <u>38</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINISTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SEVENTH DAY ADVENTIST</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>NIAGARA FALLS, NEW YORK</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>LESTER PRAATT</u>		13b. MOTHER'S MAIDEN NAME <u>LILLIAN KELLAR</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. MIRIAM PRAATT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MIRIAM PRAATT</u> ADDRESS <u>1721 CHATHAM AVE. CHARLOTTE, N.C.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of lung</u> ANTECEDENT CAUSES <u>General metastases. Primary embryonal</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ca of left testis</u> DUE TO (c) <u>ca of left testis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>Several weeks</u> <u>Final</u> <u>1 year</u> <u>1951</u>
19a. DATE OF OPERATION <u>9-30-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Only path report: left testis, epididymis & cord removed</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE	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>Oct 31, 1952</u> to <u>Dec 5, 1952</u> that I last saw the deceased alive on <u>Dec 5, 1952</u> and that death occurred at <u>3:30 P. M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Margaret Jones</u> (Degree or title)		23b. ADDRESS <u>926 E. 11th K.C. Mo</u>		23c. DATE SIGNED <u>12-6-52</u>
24a. BURIAL, CREMATION, REMOVAL <u>REMOVAL</u>	24b. DATE <u>DEC 6 1952</u>	24c. NAME OF CEMETERY OR GREMATORY <u>GEORGE WASHINGTON CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>HYATTSVILLE, MARYLAND</u>	
DATE RECD BY LOCAL REG. <u>12-6-52</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Newcomer Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>		

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

60 0024

11 + 10/11/1911

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 Charles H. Stickney

Licensed Embalmer No. 4560

P. O. Address K.C. 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.