

FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21831

21831

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death) a. STATE <u>Oklahoma</u> b. COUNTY <u>Washington</u>	
b. CITY OR TOWN <u>Branson</u>		c. CITY OR TOWN <u>Barlesville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kress-Cannon Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>P.O. Box 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ray</u> b. (Middle) <u>Irwin</u> c. (Last) <u>Pratt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-15-54</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 9-1894</u>
9. AGE (In years last birthday) <u>59</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work he was doing most of working life, even if retired) <u>Disabled</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>
12. CITIZENRY 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 <u>Edna Pratt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>44-488-456</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edna Pratt</u> ADDRESS <u>Barlesville Okla</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>IT</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary thrombosis</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Don't know</u>	
		DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4201</u>	
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>6-15-1954</u> , to <u>6-15-1954</u> , that I last saw the deceased <u>Deceased</u> <u>6-15-1954</u> , and that death occurred at <u>7:30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. James W. Branson</u> (Degree or title) _____		23b. ADDRESS <u>Branson Mo</u>	
23c. DATE SIGNED <u>6/15/54</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
23e. LOCATION (City, town, or county) (State) <u>Barlesville Okla</u>		23f. DATE REC'D BY LOCAL REG. <u>6-12-54</u>	
REGISTRAR'S SIGNATURE <u>J E Cogswell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.O. Whelchel</u> ADDRESS <u>Branson</u>	

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

JUL 7 1934  
JUN 29 1934  
JUL 6 1934

**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.....  
Signature of Student Embalmer

Signed *Minnie L. Welchel*.....

Licensed Embalmer No. *2277*.....

P. O. Address *Princeton*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.