

FILED MAY 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11600**

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2900 Registrar's No. 388

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	
d. FULL NAME OF HOSPITAL OR INSTITUTION HANDLEY HOSPITAL		e. STREET ADDRESS (If rural, give location) 3201 W. CALHOUN	

3. NAME OF DECEASED (Type or Print) MINNIE	a. (First)	b. (Middle)	c. (Last) PRATT	4. DATE OF DEATH (Month) (Day) (Year) MAY 1, 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 2, 1887	9. AGE (In years by birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY IN HOME	11. BIRTHPLACE (City and State or Foreign Country) IOWA	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME SYLVESTER LYON	13b. MOTHER'S MAIDEN NAME LUCINA WASHBURN	14. NAME OF HUSBAND OR WIFE J.W. PRATT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME J.W. PRATT	ADDRESS 3201 W. CALHOUN
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage from Post-ventricular tract		INTERVAL BETWEEN ONSET AND DEATH 1 wks
	ANTECEDENT CAUSES DUE TO (b) Stenosis unknown		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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"/>
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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) (m.)	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 4-21, 1955, to 5-1, 1955, that I last saw the deceased alive on 5-1, 1955, and that death occurred at 2:00p m., from the causes and on the date stated above.

23a. SIGNATURE David H. Hall	(Degree or title) MD	23b. ADDRESS 1451 S. 4th Street, Springfield, Mo	23c. DATE SIGNED 5/3/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-4-55	24c. NAME OF CEMETERY OR CREMATORY ROBERSON PRAIRIE CEMETERY	24d. LOCATION (City, town, or county) (State) GREEN COUNTY, MO
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DATE REC'D BY LOCAL REG. 5-5-55	REGISTRAR'S SIGNATURE Chas. Williamson	25. FUNERAL DIRECTOR'S SIGNATURE J.W. Blumgart & Co	ADDRESS SPRINGFIELD, MISSOURI
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *May Rhodes*.....

Licensed Embalmer No. *40*.....

P. O. Address *Spring*.....

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.