

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005812  
STATE FILE NUMBER

FILED FEB 27 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 793

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Misspuri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7114 Wabash Ave.		d. STREET ADDRESS (If outside, give location) 7114 Wabash Ave.	
Length of stay in lb Life		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last CHARLES EDISON PRATT, JR.			4. DATE OF DEATH Month Day Year February 8 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 24, 1913	9. AGE (In years last birthday) 45	10. UNDER 1 YEAR Months Days	11. 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) Sign Painter		10b. INDUSTRY OF BUSINESS OR INDUSTRY Painting		11. BIRTHPLACE (City and state or country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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13a. FATHER'S NAME Charles E. Pratt, Sr.		13b. MOTHER'S MAIDEN NAME Vera Wilson		14. NAME OF HUSBAND OR WIFE Ilene Pratt			
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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) No		16. SOCIAL SECURITY NO. 494-12-3051		17. INFORMANT Address K. C. MO. Mrs. Ilene Pratt, 7114 Wabash Avenue			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Neoblastoma of brain</i>						INTERVAL BETWEEN ONSET AND DEATH <i>1st symptoms Aug 1, 1958</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>(Surgery 9/1/58 by Dr. Lewis, M.D.)</i>							
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>1950</i>				
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
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21. I attended the deceased from <i>Aug 26 '59</i> to <i>2/8/59</i> and last saw her alive on <i>2/7/59</i> Death occurred at <i>4:05 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>R.R. Becker</i> (Deputy or title)				22b. ADDRESS <i>4000 Baltimore Kansas City Mo.</i>		22c. DATE SIGNED <i>2/9/59</i>	

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE FEB. 10, 1959		23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
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24. FUNERAL DIRECTOR D.W. Newcomer's Sons, K.C., Missouri				ADDRESS 1331 BRUSH ST. KANSAS CITY, MO.		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R. R. Becker

All diseases in Part I must be causally related.

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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

Signature *Harold E. Schtner*

Licensed Embalmer No. 3035  
P. O. Address *H. E. Schtner*

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.