

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-01806'7

STATE FILE NUMBER

FILED MAY 19 1959

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 219

S. 300
1-57

| | | | | | | | | |
|--|---------------------------|---|--|--|--|---|---|------------------------------|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN INDEPENDENCE | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SANITARIUM | | | Length of stay in 1b 6 YRS | | 700 ^d STREET ADDRESS 1007 So. Cottage | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last CARL E. PRATT | | | | 4. DATE OF DEATH Month Day Year MAY 9, 1959 | | | | |
| 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 Aug. 14, 1917 | | 9. AGE (In years last birthday) 41 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright | | | 10b. KIND OF BUSINESS OR INDUSTRY SHEFFIELD STEEL CO. | | 11. BIRTHPLACE (City and state or country) FOLKMANSBEE, W. VA. | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME William R. Pratt | | | 13b. MOTHER'S MAIDEN NAME BERTHA MAY BROOKS | | | 14. NAME OF WIFE OR WIFE BETTY PRATT | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES World War II | | | 16. SOCIAL SECURITY NO. 232-20-7868 | | 17. INFORMANT BETTY PRATT | | | Address INDEPENDENCE, MO. |
| 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>Small intestinal fistula & hepatitis -</i> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <i>mo.</i> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Surgery for recurrent carcinoma colon</i> | | | | | | | Yes. | |
| DUE TO (c) <i>Primary carcinoma sigmoid colon</i> | | | | | | | Yes. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>1533</i> | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | | |
| 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 |
| 21. I attended the deceased from <i>4-1-59</i> to <i>5-9-59</i> and last saw him alive on <i>5-9-59</i> Death occurred at <i>4:30 p.</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE <i>John Paul [Signature]</i> (Degree or title) M.D. | | | | 22b. ADDRESS <i>10901 Winner Road Independence, Missouri</i> | | | 22c. DATE SIGNED <i>5-11-59</i> | |
| 23a. BURIAL, CREMATION, RESURRECTION (Specify) <i>BURIAL</i> | | 23b. DATE <i>5-12-59</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>MOUND GROVE</i> | | 23d. LOCATION (City, town, or county) <i>INDEPENDENCE, MISSOURI</i> | | (State) | |
| 24. FUNERAL DIRECTOR <i>Richard R. Speaks</i> ADDRESS <i>INDEPENDENCE, MISSOURI</i> | | | 25. DATE RECD. BY LOCAL REG. <i>5-12-59</i> | | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | | | |

(Licensed Embalmer's Statement on Reverse Side)

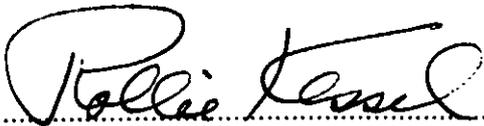
All diseases in Part I must be causally related.
 Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

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 

Licensed Embalmer No. 4690.....
P. O. Address And. Ma......

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.