

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 5096 Registrar's No. 97

ENDED

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>WASH</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DI VALLE</u>		Length of stay in 1b	c. CITY OR TOWN <u>RICH WOODS</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. DE SOTO, Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>MAIN ST</u>

3. NAME OF DECEASED (Type or print) First Middle Last <u>THOMAS L. PRATT</u>			4. DATE OF DEATH Month Day Year <u>DEC 25 1959</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-8-1887</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and state or country) <u>WASHINGTON Co, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		

13a. FATHER'S NAME <u>WILLIAM PRATT</u>		13b. MOTHER'S MAIDEN NAME <u>MARY LOUISE DE CUE</u>		14. NAME OF HUSBAND OR WIFE <u>MARIE PRATT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>MARIE PRATT RICHWOODS, Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CORONARY THROMBOSIS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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 Coroner's View, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at 12:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>James C. Johnson D.C. Coroner</u>		22b. ADDRESS <u>Fector, Mo.</u>		22c. DATE SIGNED <u>1/4/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>DEC 28, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST STEPHEN'S</u>	23d. LOCATION (City, town, or county) (State) <u>RICHWOODS Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>MAHN Funeral Home De SOTO Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-6-1960</u>	26. REGISTRAR'S SIGNATURE <u>Marie Harris</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS JAN 28 1960

MS JAN 19 1960

STATEMENT BY LICENSED EMBALMER

JAN 1

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 Herald J. Mahan

Licensed Embalmer No. 4975

P. O. Address De Soto,

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.