MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028060
STATE FILE NUMBER

AMENDED

Registration District No. 338 Primary Registration District No. 6148 Registrar's No. 15

FILED JUL 19 1961

1. PLACE OF DEATH
a. COUNTY Stoddard Castor Twp.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bloomfield — Length of stay in 1b: 10 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stoddard
c. CITY OR TOWN Bloomfield — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Jesse Middle: Monroe Last: Pratt
4. DATE OF DEATH Month: 7 Day: 8 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/22/1878
9. AGE (last birthday): 82
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired.
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (City and state or country): Johnson CO. Arkansas
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Jim Pratt
13b. MOTHER'S MAIDEN NAME: Anna Woods
14. NAME OF HUSBAND OR WIFE: Maudie Pratt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Everett Pratt Address: Carbondale ILL.

MEDICAL CERTIFICATION

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

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary embolism	2 hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease	4 years
DUE TO (c)	Chronic Glomerulonephritis	2 years

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 ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 May 1961, to July and last saw her/him alive on July
Death occurred at 11.30P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: F. C. Omeau (Degree or title) M.D.
22b. ADDRESS: Kelsey Mo
22c. DATE SIGNED: 7/12/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/11/1961
23c. NAME OF CEMETERY OR CREMATORY: Walkers Cemetery
23d. LOCATION (City, town, or county) (State): Stoddard CO. Missouri.

24. FUNERAL DIRECTOR ADDRESS: Watkins & Sons Funeral Service Bloomfield MO.
25. DATE RECD. BY LOCAL REG.: 7-14-61
26. REGISTRAR'S SIGNATURE: Mrs. Geo. L. Baker

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF
2				DOCUMENT

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 Earl N Walker

Licensed Embalmer No. 4964

P. O. Address Dexter Mo

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.