

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-021231

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration **FILED MAY 21 1963** Primary Registration District No. \_\_\_\_\_ Registrar's No. **189**

VS 300  
Rev. 4/59

DATE AMENDED

**10945**  
**211102**

3

4 **0**

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**9332X**

10

11

12 **90-0**

13 **1-0**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>St Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>	
b. CITY (IF outside corporate limits, give TOWNSHIP only) OR TOWN <b>Farmington R.R. 1</b>		Length of stay in 1b <b>3 mos</b>	c. CITY OR TOWN <b>Blackwell</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>General Delivery</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Albert (n) Pratt</b>		4. DATE OF DEATH Month Day Year <b>May 12, 1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/29/1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <b>Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Barite Mines</b>	9. AGE (last birthday) <b>82</b>
13a. FATHER'S NAME <b>unk Pratt</b>		13b. MOTHER'S MAIDEN NAME <b>Ruth Ackerson</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Vilber Pratt (Dec'd)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>no</b>		17. INFORMANT Address <b>Dave Pratt, DeSoto, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b> DUE TO (b) <b>Senility + arteriosclerosis</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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH <b>5mo</b>
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 <b>May 1, 1963</b> to <b>May 12, 1963</b> and last saw him alive on <b>May 1, 1963</b> Death occurred at <b>0:00 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>R.A. Heckler M.D.</b>		22b. ADDRESS <b>Farmington, MO</b>	22c. DATE SIGNED <b>5-13-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>5/15/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Blackwell, Mo.</b>
24. FUNERAL DIRECTOR <b>Mothershead Funeral Home, DeSoto, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>May 13, 1963</b>	26. REGISTRAR'S SIGNATURE <b>Ethel Rudloff</b>

**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

*Andrew H. England*

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.