

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11999

BIRTH NO.		REG. DIST. NO. 113		PRIMARY REG. DIST. NO. 5430		Registrar's No. 7-2	
1. PLACE OF DEATH a. COUNTY <i>Transylvania</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <i>Mo</i> b. COUNTY <i>Transylvania</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural, Central</i>		c. LENGTH OF STAY (in this place) <i>36</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural, Central</i>		d. STREET ADDRESS (If rural, give location) <i>St. Clair Mo. R#1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Clair Mo. R#1</i>				d. STREET ADDRESS (If rural, give location) <i>St. Clair Mo. R#1</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>William A</i> b. (Middle) <i>Pratt</i> c. (Last) <i>Pratt</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>4-10-1949</i>				
5. SEX <i>male</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>10-22-1880</i>	
9. AGE (In years last birthday) <i>68</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		11. BIRTHPLACE (State or foreign country) <i>U.S.A. O</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>farmer</i>		11. BIRTHPLACE (State or foreign country) <i>U.S.A. O</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Psia Pratt</i>		13b. MOTHER'S MAIDEN NAME <i>Pratt</i>		14. NAME OF HUSBAND OR WIFE <i>Hettie</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Wm Robertson - Maplewood</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Intestinal Obstruction</i>				INTERVAL BETWEEN ONSET AND DEATH <i>48 hrs.</i>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cancer of Prostate</i>				347-	
		DUE TO (c) <i>Cancer of Prostate</i>				177K	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <i>5-10-46</i>		19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Prostate</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>7-6-48</i> , 19 <i>48</i> , to <i>4-16-49</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>4-16-49</i> , 19 <i>49</i> , and that death occurred at <i>11:20</i> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <i>W. E. Mitchell</i>				23b. ADDRESS <i>St. Clair Mo.</i>		23c. DATE SIGNED <i>4/16</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>4-19-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Bethel Mem</i>		24d. LOCATION (City, town, or county) (State) <i>Jefferson Co. Mo</i>	
DATE REC'D BY LOCAL REG. <i>4-17-49</i>		REGISTRAR'S SIGNATURE <i>E. L. Worthington</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Herwood Mitchell St. Clair</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

36
0
0

RECEIVED
District Health Officer No. 91
District File Number
Date Filed
MAY 11 1945

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
Student Embalmer

Signed *Jesse Gahd*
Licensed Embalmer No. *4486*
P. O. Address *Sh. Clair, 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 this body is not embalmed, fact should be so stated above.