No. 300
10-48

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

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26797

State File No.

BIRTH NO. REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 55550 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY [redacted] Howell
b. CITY OR TOWN Bakersfield (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place) 18yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY [redacted] Howell
c. CITY OR TOWN Bakersfield (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS R.F.D. (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) E. c. (Last) Pratt
4. DATE OF DEATH (Month) (Day) (Year) 7-16-49
5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M
8. DATE OF BIRTH 9-28-1874
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 7 Days 18 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Wichita Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME L. C. Cook
13b. MOTHER'S MAIDEN NAME ? Ellsworth
14. NAME OF HUSBAND OR WIFE Jno R. 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'S SIGNATURE OR NAME Jno R Pratt ADDRESS Bakersfield

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute dilitation of heart — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Nephroditis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis — 4 yrs

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? YES ☐ NO ☑

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) m. ✓
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ✓

22. *I hereby certify that I attended the deceased from* 7-4 *, 19*49 *to* 7-16 *, 19*49*, that I last saw the deceased alive on* 7-16 *, 19*49*, and that death occurred at* 1:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE Daniel R. Louis (Degree or title) D.O.
23b. ADDRESS Bakersfield, Mo.
23c. DATE SIGNED 7-29-49

24a. BURIAL, CREMATION, REMOVAL (Specify) B.
24b. DATE 7-18-49
24c. NAME OF CEMETERY OR CREMATORY Bakersfield
24d. LOCATION (City, town, or county) Bakersfield (State) Mo

DATE REC'D BY LOCAL REG. 8-29-49
REGISTRAR'S SIGNATURE Beatrice Cook
25. FUNERAL DIRECTOR'S SIGNATURE Robertson, Mt Vernon ADDRESS Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9/6/49.
District Health Officer No. 5,
District File Number 949584
Date Filed 9/6/49

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.

Signed D D Roberton

Signed .....
Student Embalmer

Licensed Embalmer No. 3437

P. O. Address West Plains 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.