

FILED APR 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13190
Registrar's No. 418

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Marceline mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marceline</u>	
c. LENGTH OF STAY (In this place) <u>22 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>702 South Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			
3. NAME OF DECEASED a. (First) <u>William</u>		b. (Middle) <u>Ezra</u>	
c. (Last) <u>Pratt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 8, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 15, 1869</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Genesee County, Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles E. Pratt</u>		13b. MOTHER'S MAIDEN NAME <u>Emmaline Brown</u>	
14. NAME OF HUSBAND OR WIFE <u>Minnie Pratt</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Faye Lerch, Mt. Vernon, Ill.</u>	
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)	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 <u>Nov.</u> , 19 <u>50</u> , to <u>April 8, 1951</u> , that I last saw the deceased alive on <u>April 7, 1951</u> , and that death occurred at <u>3 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Philip A. Ottman M.D.</u> (Degree or title)		23b. ADDRESS <u>Marceline, Mo.</u>	23c. DATE SIGNED <u>4/11/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/11/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	24d. LOCATION (City, town, or county) (State) <u>Marceline, Missouri</u>
DATE REC'D BY LOCAL REG. <u>April 11-51</u>	REGISTRAR'S SIGNATURE <u>Mary Jane Owens</u>	401	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Langhin Marceline</u> ADDRESS <u>Mo</u>

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

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APR 24 1951

Date Received: APR 19 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-51-76,
Date Filed: APR 19 1951

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 George W. Davall

Licensed Embalmer No. 4799

P. O. Address Marceline, Missouri

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.