

FILED JUN 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. 16255

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5463 Registrar's No. 503

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fair Grove, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fair Grove Mo. 0390	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fair Grove, Mo.		d. STREET ADDRESS (If rural, give location) Fair Grove, Mo. 0	

3. NAME OF DECEASED (Type or Print) EDWARD	a. (First) E	b. (Middle) ..	c. (Last) PRATT	4. DATE OF DEATH (Month) (Day) (Year) 6-5-51
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH June 28	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. 90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Ret. Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Ill. /		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Allen Pratt	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Widower
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clifford Pratt Fair Grove, Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hyperpyrexia DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		431X	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **June 5, 1951**, to **June 5, 1951**, that I last saw the deceased alive on **June 5, 1951**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. G. Gorman	(Degree or title) MD.	23b. ADDRESS Fair Grove, Mo.	23c. DATE SIGNED June 6, 1951
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-7-51	24c. NAME OF CEMETERY OR CREMATORY Linden Cemetery	24d. LOCATION (City, town, or county) (State) Linden Illinois

DATE REC'D BY LOCAL REG. 6-7-51	REGISTRAR'S SIGNATURE W. E. Handley	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. Klingner & Co. Spfld. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *Max A. Rodas*
Licensed Embalmer No. *4071*
P. O. Address *Springfield*

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.