

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15552

State File No. ....

MAILED JUN 7 1952  
BIRTH NO. ....

REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 1005 Registrar's No. 52

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

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Sh. Clair</u>	
b. CITY OR TOWN <u>BUTLER</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Appleton City, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BUTLER MEMORIAL HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>0930</u>	

3. NAME OF DECEASED (Type or Print) <u>Julia ELsie Pratt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 24-52</u>		
5. SEX <u>1</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>July 25 1877</u>	9. AGE (In years last birthday) <u>85</u> if under 1 year: Month <u>9</u> Days <u>29</u> Hours <u>29</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Appleton City, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Chan S. Chapin</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Fields</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. C. Pratt, Appleton City, Mo.</u>	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure</u>							
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Permissive Anemia</u>					
		DUE TO (c) <u>Posterior Card Sclerosis</u>					
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 <u>024X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 May 7, 1952, to May 7, 1952, that I last saw the deceased alive on May 23, 1952, and that death occurred at 9:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. L. Henshaw MD</u> (Degree or title)		23b. ADDRESS <u>Butler Mo</u>		23c. DATE SIGNED <u>5-24-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>May 26-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Appleton City Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>May 26-52</u>		REGISTRAR'S SIGNATURE <u>Rendall Kory 17</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscar Eckhoff</u>		ADDRESS <u>Appleton City, Mo.</u>	
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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.

Student Embalmer No. ....

Signed Oscar Eckloff

Signed.....  
Student Embalmer

Licensed Embalmer No. 3942

P. O. Address Appleton City, W

**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.