S. No. 300
v. 10-48

FILED OCT 24 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37459

State File No.

BIRTH NO. REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 57

1100

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Union Twp
c. LENGTH OF STAY (in this place) life
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 Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Union Twp/ 1100
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) John c. (Last) Pratt

4. DATE OF DEATH (Month) (Day) (Year) Oct. 9, 1952

5. SEX Male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH April 18, 1872
9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months 5 Days 21 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY MiningTiff
11. BIRTHPLACE (City and State or Foreign Country) Washington County, Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Pratt
13b. MOTHER'S MAIDEN NAME Ozdia Boyer
14. NAME OF HUSBAND OR WIFE Margaret Pratt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Rose Pratt ADDRESS Cadet, Mo RT 1

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Prostate Gland — INTERVAL BETWEEN ONSET AND DEATH 8 months

ANTECEDENT CAUSES
Morbid 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 177X
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* April 17, 1952, *to* October 9, 1952, *that I last saw the deceased alive on* October 9, 1952, *and that death occurred at* 2:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Edward W. Lake, Jr. D.O.
23b. ADDRESS Potosi, Mo.
23c. DATE SIGNED Oct. 10, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burail
24b. DATE Oct 14, 1952
24c. NAME OF CEMETERY OR CREMATORY St. Joachims
24d. LOCATION (City, town, or county) Old Mines (State) Missouri

DATE REC'D BY LOCAL REG. 10/10/52
REGISTRAR'S SIGNATURE Helen Kendall 40 3 0
25. FUNERAL DIRECTOR'S SIGNATURE Smith-Higginbotham FH ADDRESS Potosi, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi 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.