

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6216**
443

No. 300
10.48

FILED FEB 27 1953

| | | | | | | | | | |
|--|--|--|---------------------------------------|---|--|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>443</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | | | |
| b. CITY OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (If in this place) <u>4 weeks</u> | | c. CITY OR TOWN <u>MEADVILLE</u> | | d. STREET ADDRESS <u>0580</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Jackson</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Oscar</u> | | b. (Middle) <u>Howard</u> | | c. (Last) <u>PRATT</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 21, 1953</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>6-22-68</u> | | | |
| 9. AGE (In years last birthday) <u>84</u> | | # UNDER 1 YEAR Months | | # UNDER 1 YEAR Days | | # UNDER 1 YEAR Hours Mins. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Meadville, Missouri</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | 13a. FATHER'S NAME <u>Henry Pratt</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ibiline Connelley</u> | | 14. NAME OF HUSBAND OR WIFE <u>Alice E. Pratt</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>493-18-9598</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Geo. M. Pratt, 3316 Askew, K. C., Mo.</u> | | | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>menia</u> ANTECEDENT CAUSES <u>Hypertensive cardiovascular Renal disease</u> 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. | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>470</u> | |
| 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) | | 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>12-21</u> , 19 <u>52</u> , to <u>1-21</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-21</u> , 19 <u>53</u> and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Geo. B. Keelhofen</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>4050 Broadway Ave</u> | | 23c. DATE SIGNED <u>1-23-53</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>1-22-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) <u>Meadville, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>1-23-53</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Bylar, Kansas City, Mo.</u> | | | | | |

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

Dr. Keelhyper
4057 Broad

MAR 8 1953

MAR 8 1953

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.