

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8745

State File No.

FILED APR 1 1953

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5096 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Bates Pleasant Twp</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RFD Butler Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township): <u>RFD Butler Missouri 0070</u>	
c. LENGTH OF STAY (In this place) <u>1 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>Mt. Pleasant Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Tree Rest Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Garry</u>	b. (Middle) <u>Austin</u>	c. (Last) <u>Pratt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 23 53</u>
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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>May 5 1864</u>	9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>88 7 18</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tel. Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>New York</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joel Pratt</u>	13b. MOTHER'S MAIDEN NAME <u>Jannie Taylor</u>	14. NAME OF HUSBAND OR WIFE <u>May Lorena Pratt</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.	17. INFORMANT'S SIGNATURE OR NAME <u>Joe J Pratt</u>	ADDRESS <u>Butler Missouri</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> 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 <u>3/31/53</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Feb. 20, 1952 to Feb. 22, 1953, that I last saw the deceased alive on 5/23, 1953 and that death occurred at 7 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Kenneth Howard</u>	(Degree or title)	23b. ADDRESS <u>Butler Missouri</u>	23c. DATE SIGNED <u>3/24/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-26-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City</u>	24d. LOCATION (City, town, or county) (State) <u>Appleton City Missouri</u>
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DATE REC'D BY LOCAL REG <u>Mar. 24-53</u>	REGISTRAR'S SIGNATURE <u>Handell Perry</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>John G Underwood</u>	ADDRESS <u>Butler Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4070

OCT 18 1958

FEB 18 1958

OCT 16 1956

JUN 1 1958

DEC 30 1957

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 John G. Underwood
Licensed Embalmer No. 3585

P. O. Address Butler 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.