

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27644

State File No. ....

0051  
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FILED AUG 31 1953 REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 63

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

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett	
c. LENGTH OF STAY (In this place) 45 Yrs.		d. STREET ADDRESS (If rural, give location) 708 Euclid	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Lon	b. (Middle) Homer	c. (Last) Pratt	(Month) 8-	(Day) 20-	(Year) 1953

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Oct. 23, 1893	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 27	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Baggage			10b. KIND OF BUSINESS OR INDUSTRY Frisco Railroad		11. BIRTHPLACE (City and State or Foreign Country) Benton County, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Lewis Pratt	13b. MOTHER'S MAIDEN NAME Laura Limer	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 702-03-9827	17. INFORMANT'S SIGNATURE OR NAME Donald Pratt		ADDRESS Monett, Mo.	
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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) Cerebral Embolism		DUE TO (b) Coronary Thrombosis			2 hrs	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			6 mo	
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	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) (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 7-20-53 to 8-20, 1953, that I last saw the deceased alive on 8-20, 1953, and that death occurred at 4:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE F. J. Edwards MD	23b. ADDRESS Monett Mo	23c. DATE SIGNED 8-22-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 22, 1953	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Monett, Missouri
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DATE REC'D BY LOCAL REG. 8-22-53	REGISTRAR'S SIGNATURE Katherine Henderson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MERCER FUNERAL HOME Monett, Mo.
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SEP 16 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 Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, 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.