

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **11601**

No. 300
10.48

FILED APR 18 1955

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>329</u>							
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>OZARK</u>									
b. CITY OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>2</u>		c. CITY OR TOWN <u>Hammond</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1423 N. Gatterson</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marian</u>			b. (Middle) <u>Allen</u>		c. (Last) <u>Pratz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 9 1955</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>Nov. 10 1885</u>		9. AGE (In years last birthday) <u>69</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steelworker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Oil fields</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Windom, Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>						
13a. FATHER'S NAME <u>Stephen Morrill Pratz</u>			13b. MOTHER'S MAIDEN NAME <u>Minerva Geddes</u>			14. NAME OF HUSBAND OR WIFE <u>Ulrica</u> (Decedent)							
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>486-IV-4932</u>		17. INFORMANT'S SIGNATURE OR NAME (Birth certificate) <u>(Birth certificate)</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>Cerebral hemorrhage</u> *This does not mean the mode of dying, such as heart failure, ashenia, 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) _____ DUE TO (c) <u>Hypertensive Heart dis.</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
				19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>443 X</u>				20. AUTOPSY? YES <input checked="" 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>4-8-</u> , 19 <u>55</u> , to <u>4-9-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4-9-</u> , 19 <u>55</u> , and that death occurred at <u>12:50 P.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>M. J. Gentry</u>				23b. ADDRESS <u>W. D. McAuley Bldg. Springfield Mo #19/55</u>				23c. DATE SIGNED <u>4/9/55</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIED</u>		24b. DATE <u>4-11-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thornfield</u>		24d. LOCATION (City, town, or county) (State) <u>Thornfield Missouri</u>							
DATE REC'D BY LOCAL REG. <u>4-12-55</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Chickeringhead Funeral Home</u>							
				ADDRESS _____									

(Licensed Embalmer's Statement on Reverse Side)

AWG/MS

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.....
Signature of Student Embalmer

Signed.....*Charles R. Fisher*.....

Licensed Embalmer No. *466*

P. O. Address *Ava, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.