

STANDARD CERTIFICATE OF DEATH

State File No. **2521**

FILED JAN 17 1956

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY OR TOWN <b>Bonne Terre</b>		c. CITY OR TOWN <b>Elvins RR #1 Gumbo</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 day s</b>		e. STREET ADDRESS (If rural, give location) <b>6940</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bonne Terre Hspital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Garry</b> b. (Middle) <b>Lynn</b> c. (Last) <b>Pratte</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 10th. 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Jan 11th. 1943</b>
9. AGE (In years last birthday) <b>12</b>		IF UNDER 1 YEAR Months <b>11</b> Days <b>29</b>	IF UNDER 24 HRS. Hours <b>7</b> Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Desloge, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Eli Lynn Pratte</b>	13b. MOTHER'S MAIDEN NAME <b>Elsie Gibbons</b>	14. NAME OF HUSBAND OR WIFE <b>NEVER MARRIED</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Eli Lynn Pratte</b> ADDRESS <b>Gumbo, Mo.</b>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 week</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Rheumatic Myocarditis</b>		Antecedent Causes <b>unknown</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Rheumatic Fever</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Vertical Strabismus 4012</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 12-31-1955, to Jan 10, 1956, that I last saw the deceased alive on 1-9-1956, and that death occurred at 7:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Byron A. Taylor Sr M.D.</b>	23b. ADDRESS <b>22 Science Flat River Mo.</b>	23c. DATE SIGNED <b>1/12/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 12th '56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Workman Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Francois, Mo</b>
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DATE REC'D BY LOCAL REG. <b>Jan. 13, 1956</b>	REGISTRAR'S SIGNATURE <b>Ether Rudolph</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.Z. Boyer &amp; Son</b> ADDRESS <b>Desloge, Mo</b>
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(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.....  
Signature of Student Embalmer

Signed *B. T. Boyer*.....

Licensed Embalmer No...3660..

P. O. Address Desloge, 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.