

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21659
STATE FILE NUMBER

FILED JUN 25 1956

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 224

Health, Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DeLassus | | c. CITY OR TOWN DeLassus | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) | |
| Length of stay in 1b | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) Wesley Franklin Pratt | | | 4. DATE OF DEATH June 9, 1956 | | |
| 5. SEX Male | | | 6. COLOR OR RACE White | | |
| 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | | 8. DATE OF BIRTH Feb. 18, 1888 | | |
| 9. AGE (In years last birthday) 68 | | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick Mason | | |
| 11. BIRTHPLACE (City and state or country) Farmington, Missouri. | | | 12. CITIZEN OF WHAT COUNTRY? U S A | | |
| 13. FATHER'S NAME Rehms Pratt | | | 14. MOTHER'S MAIDEN NAME Jemima White | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. 497-01-4900 | | |
| 17. INFORMANT Luther Pratt | | | Address DeLassus, Missouri | | |

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|---|--|--|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis | | INTERVAL BETWEEN ONSET AND DEATH 5 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) arteriosclerotic heart disease | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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|---|--|--|--|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m. | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION Farmington, Mo | |

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|--|--|---------------------------------------|------------------------------------|
| 21. I attended the deceased from April 1, 1954 to June 9, 1956 and last saw her him alive on 6-8-56 Death occurred at 7:25 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) C. E. Carleton, M.D. | | 22b. ADDRESS Farmington, Mo | 22c. DATE SIGNED 6-11-56 |

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|--|-----------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6/11/56 | 23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery | 23d. LOCATION (City, town, or county) (State) Farmington Missouri |
| 24. FUNERAL DIRECTOR Miller Funeral Home Farmington, Mo. | | 25. DATE RECD. BY LOCAL REG. 6-11-1956 | 26. REGISTRAR'S SIGNATURE Esther Rudloff |

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 *Beal J. Miller*.....

Licensed Embalmer No. *375*

P. O. Address *Farmingdale*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.