

FILED JUL 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23539**

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY OR TOWN <u>West Plains,</u>		c. CITY OR TOWN <u>West Plains,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Hogan Hosp.,</u>		e. STREET ADDRESS (If rural, give location) <u>1123 W. Main,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bert Samuel</u> b. (Middle) <u>Pratt</u> c. (Last) <u>Pratt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-29-1956</u>		
----------------------------------------------------------------------------------------------------------------------	--	--	-----------------------------------------------------------	--	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>7-4-1888</u>	9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>25</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
-----------------	---------------------------	-----------------------------------------------------------------	----------------------------------	---------------------------------------------------------------------------------------------------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Police Judge</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Judge</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>West Plains, Mo.,</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
-------------------------------------------------------------------------------------------------------------------------	------------------------------------------------	-----------------------------------------------------------------------------	----------------------------------------

13a. FATHER'S NAME <u>J. W. Pratt</u>	13b. MOTHER'S MAIDEN NAME <u>Florence Conkin</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Pratt</u>
---------------------------------------	--------------------------------------------------	-----------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u> (If yes, give war or dates of service) <u>X</u>	16. SOCIAL SECURITY NO. <u>yes</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Pratt, West Plains, Mo</u>	ADDRESS <u>West Plains, Mo</u>
----------------------------------------------------------------------------------------------------------------------------	------------------------------------	----------------------------------------------------------------------	--------------------------------

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, It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 WEEK</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>VIRUS GASTRO-ENTERITIS</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ARTERIOSCLEROSIS, GENERALIZED PARKINSON'S DISEASE</u>			
19a. DATE OF OPERATION <u>9-1-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>SENILITY</u>		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) _____ m.	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 6-20, 1956 to 6-29, 1956 that I last saw the deceased alive on 6-28, 1956 and that death occurred at 5:28 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack N. Wilson, MD</u> (Degree or title)	23b. ADDRESS <u>West Plains, Mo</u>	23c. DATE SIGNED <u>7-6-56</u>
------------------------------------------------------------	-------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>7-1-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo</u>
----------------------------------------------------	-------------------------	-------------------------------------------------------------	----------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>7-16-56</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson's</u> ADDRESS <u>West Plains, Mo</u>
-----------------------------------------	--------------------------------------------	------------------------------------------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

379
0

JUL 31 1956

SEP 18 1956

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 *D. K. Roberts*.....

Licensed Embalmer No. *343*.....

P. O. Address *West Hill*.....

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.