

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18380

STATE FILE NUMBER

FILED JUN 5 1957

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 165

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 Cantwell		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Cantwell		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home			Length of stay in lb 10 years		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Audrey Middle Lucille Last Pratte				4. DATE OF DEATH Month May Day 21 Year 1957					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 27, 1912		9. AGE (In years last birthday) 44 IF UNDER 1 YEAR Months 8 Days 24 IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Farmington Rt. 2, Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Fred Holmes				14. MOTHER'S MAIDEN NAME Annabelle Cruncleton					
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. None		17. INFORMANT Orville Pratte, Cantwell, Mo.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries DUE TO (b) Coroner Jury Verdict: by accident as the result of a tornado May 21, 1957 DUE TO (c) result of a tornado May 21, 1957 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 9340							INTERVAL BETWEEN ONSET AND DEATH 22		
20a. ACCIDENT <input checked="" 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.) received injuries in tornado						
20c. TIME OF INJURY Hour May 21, 1957 a. m. 094 p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.) about home		20f. CITY, TOWN, OR LOCATION St. Francois		COUNTY Mo.		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Beryl G. Miller (Degree or title)				22b. ADDRESS corner B Farmington, Mo				22c. DATE SIGNED 5/31/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/25/1957		23c. NAME OF CEMETERY OR CREMATORY Marvin Chapel		23d. LOCATION (City, town, or county) St. Francois, Co., Mo			
24. FUNERAL DIRECTOR C.Z. Boyer & Son			ADDRESS Desloge, Mo		25. DATE RECD. BY LOCAL REG. May 31, 1957		25. REGISTRAR'S SIGNATURE Ether Redloff		

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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. *34*

P. O. Address *Leahy*

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