

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19182

STATE FILE NUMBER

FILED JUN 14 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar No. 4956

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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		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 St. Louis		c. CITY OR TOWN Desloge	
c. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		d. STREET ADDRESS 102 Lincoln	
3. NAME OF DECEASED (Type or print) First Francis Middle Albert Last Pratt		4. DATE OF DEATH Month May Day 20 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 19, 1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (City and state or country) Washington Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Eli Pratt		14. MOTHER'S MAIDEN NAME Laura Ackerson	
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. Unknown	17. INFORMANT Address Mrs. Mary Raymo, Desloge, 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) <i>Fracture of Skull;</i> DUE TO (b) <i>Subdural Hemorrhage of Brain;</i> DUE TO (c) <i>E934.9</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>46</i>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Give nature of injury in Part I for Part II only) <i>Struck in vicinity of Courtwell, Missouri, about 4:30 p.m. May 21st 1957.</i>		
20c. TIME OF INJURY Hour 4:30 p.m. Month 5 Day 21 Year 1957	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 31	20f. CITY, TOWN, OR LOCATION Courtwell Mo
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>810 P.</i> _____ m on the date stated above; and to the best of my knowledge, from the causes stated			
22a. SIGNATURE <i>James M. Kelly</i>		22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>5-27-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>5-23-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Catholic Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Francois, Mo.</i>
24. FUNERAL DIRECTOR <i>Boyer Funeral Home, Desloge, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>MAY 27 '57</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith, Mo</i>

(Licensed Embalmer's Statement on Reverse Side)

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 *Robert M. Murray*.....

*3749*  
Licensed Embalmer No.....

P. O. Address *S. Lains*.....

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.