

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 9 1957

STATE FILE NUMBER  
5702213877

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <b>pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Louisiana</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Bowling Green 0820</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Pike Co. Hospital</b>		Length of stay in 1b <b>18 days</b>	
d. STREET ADDRESS <b>B B Springs</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JOSEPH</b> Middle <b></b> Last <b>PRATT</b>			4. DATE OF DEATH Month <b>JUNE</b> Day <b>24</b> Year <b>1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 8, 1873</b>
9. AGE (In years birthday) <b>85</b>		IF UNDER 1 YEAR Months <b></b> Days <b></b> Hours <b></b> Min. <b></b>	IF UNDER 24 HRS. Months <b></b> Days <b></b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired Farmer</b>	11. BIRTHPLACE (City and state or country) <b>Tenn.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13. FATHER'S NAME <b>Unknown</b>	
14. MOTHER'S MAIDEN NAME <b>Unknown</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Arther Evans, St. Louis, Missouri</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Renal Failure with A zotemia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
DUE TO (b) <b>Arteriosclerotic cardio-vascular renal disease</b>			<b>10+ years</b>
DUE TO (c) <b>1st and 2nd degree burns of leftt shoulder, and back of head</b>			<b>3 weeks</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>917.0</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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.) <b>accidentally fell against stove in room 17</b>	
20c. TIME OF INJURY Hour <b></b> a. m. <b>6</b> p. m. <b>6/6/57</b>		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 bldg., etc.) <b>hone</b>		20f. CITY, TOWN, OR LOCATION <b>Bowling Green, 082 Pike</b> COUNTY <b>Pike</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>6/7/57</b> to <b>6/24/57</b> and last saw <sup>her</sup> him alive on <b>6/23/57</b> Death occurred at <b>3:20</b> A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Chas. H. Lovell M.D.</b>		22b. ADDRESS <b>Louisiana, Mo.</b>	
22c. DATE SIGNED <b>6/26/57</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>6/26/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Lebanon</b>	
23d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>		24. FUNERAL DIRECTOR ADDRESS <b>Sterne Funeral Home, Louisiana, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>July 3, 1957</b>		26. REGISTRAR'S SIGNATURE <b>Bernice Collier</b>	

(Licensed Embalmer's Statement on Reverse Side)

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.

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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.....  
Licensed Embalmer No. 46

P. O. Address.....

**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.