

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006149

STATE FILE NUMBER

FILED MAR 13 1959

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 23

300
1-57

1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN De Soto		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN De Soto		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 520 Rollins		Length of stay in 1b 37 yrs.	d. STREET ADDRESS (If outside, give location) 520 Rollins		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Floyd Washington Pratt			4. DATE OF DEATH Month Day Year March 5, 1959		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 5, 1901	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Coal Industry	11. BIRTHPLACE (City and state or country) Hematite, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Pratt		13b. MOTHER'S MAIDEN NAME Ruth Callahan		14. NAME OF HUSBAND OR WIFE Gertrude Brooks Pratt	
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. 497-03-6695	17. INFORMANT Address Mrs. Ed Speidel, De Soto, 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) Cerebral hemorrhage					INTERVAL BETWEEN ONSET AND DEATH Dec 23, 58
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) advanced Gen. arterio-sclerosis					?
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 331x		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from Dec 23, 1958 to 17 or 18, 1959 and last saw him alive on Nov 3, 1959 . Death occurred at 4 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Don V. Requisty M.D.			22b. ADDRESS De Soto, Mo.		22c. DATE SIGNED Nov 6, 59.
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 8, 1959	23c. NAME OF CEMETERY OR CREMATORY Woodlawn		23d. LOCATION (City, town, or county) (State) De Soto, Mo.	
24. FUNERAL DIRECTOR ADDRESS J. Lee Mothershead, De Soto, Mo			25. DATE RECD. BY LOCAL REG. Mar. 7-1959	26. REGISTRAR'S SIGNATURE Marie Farris	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

