

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS DEC 7 1959

59-040306

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. **5608**

ENDED

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Length of stay in lb <u>70 yrs</u>	c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>9400 GRANDVIEW RD.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>9400 Grandview Rd</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Edwin</u> Middle <u>O.</u> Last <u>PRATT</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>19</u> Year <u>1959</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/8/1895</u>
9. AGE (last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) <u>Retired Green Supt.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GOLF Course Council</u>	11. BIRTHPLACE (City and state or country) <u>Bluff-Towa</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>Waldo PRATT</u>	13b. MOTHER'S MAIDEN NAME <u>CARRIE JACKSON</u>
14. NAME OF HUSBAND OR WIFE <u>CLARA PRATT</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service. <u>NO</u>	16. SOCIAL SECURITY NO. <u>509-03-3497</u>
17. INFORMANT <u>Mrs. Clara Pratt</u>		Address <u>9400 Grandview Rd.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u> DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour.</u> <u>2 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>July 1959</u> to <u>November 1959</u> and last saw her/him alive on <u>11-18-59</u> Death occurred at <u>one</u> <u>P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wey. Eubank M.D.</u>		22b. ADDRESS <u>9406 E. 63rd Raytown, Mo</u>	22c. DATE SIGNED <u>11-20-59</u>
23a. BURIAL-CREATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11/21/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY Mo.</u>
24. FUNERAL DIRECTOR <u>Kepley-Hinton</u>		25. DATE RECD. BY LOCAL REG. <u>11-20-59</u>	26. REGISTRAR'S SIGNATURE <u>Neve Minshall</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Eubank

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 John R. Sidman

Licensed Embalmer No. 4531

P. O. Address Kansas City

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.