MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033252

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2345

FILED AUG 20 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

4000
20280
3
4 0
5 1
6
7 0
8 1
94201
10
11
1248-0
13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): JEFFERSON BARRACKS, MISSOURI
Length of stay in 1b: 32 DAYS
c. FULL NAME OF HOSPITAL OR INSTITUTION: VETERANS ADMINISTRATION HOSPITAL
Inside Limits: Yes ✓ No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO.
b. COUNTY: CRAWFORD
c. CITY OR TOWN: LEASBURG
Inside Limits: Yes ☐ No XX
d. STREET ADDRESS (If outside, give location): ROUTE #1
Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First JESSE Middle LEE Last PRATT
4. DATE OF DEATH: Month AUGUST Day 12th Year 1962
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-23-95
9. AGE (last birthday): 67 YEARS
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): WOODWORKER
10b. KIND OF BUSINESS OR INDUSTRY: PULLMAN CAR CO.
11. BIRTHPLACE (City and state or country): SULLIVAN, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: WINSLOW PRATT
13b. MOTHER'S MAIDEN NAME: LAURA MISSEY
14. NAME OF HUSBAND OR WIFE: NADINE PRATT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWI
INFORMANT: NADINE PRATT (Wife) Address: Route #1, Leasburg, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial insufficiency, ACUTE — INTERVAL BETWEEN ONSET AND DEATH: 1-2 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) MASSIVE MYOCARDIAL INFARCTION — 3-6 WEEKS
DUE TO (c) RIGHT CORONARY THROMBOSIS — 3-6 WEEKS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
GENERALIZED ARTERIOSCLEROSIS
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 VA attended the deceased from 7-11-62, to 8-12-62 XXXXXXXXXXXXXX
Death occurred at 5:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): John J. Mueller M.D.
22b. ADDRESS: VET.ADM.HOSP., JEFF.BRKS., 25, MO.
22c. DATE SIGNED: 8-13-62
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 8-16-1962
23c. NAME OF CEMETERY OR CREMATORY: NATIONAL
23d. LOCATION (City, town, or county) (State): JEFFERSON BARRACKS, MO.
24. FUNERAL DIRECTOR: Paul A. SHANKLIN ADDRESS: CUBA, MO.
25. DATE RECD. BY LOCAL REG.: 8-13-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(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 Paul A. Shanklin
by Wm H. Graham
Licensed Embalmer No. 3472

P. O. Address Cuba, Mo.

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.