

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041318
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 381 Primary Registration District No. 4514 Registrar's No. 77

FILED OCT 22 1962

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Green City	Length of stay in 1b 4 years	c. CITY OR TOWN Green City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) No street address

3. NAME OF DECEASED (Type or print) First Marian Middle Arthur Last Pratt			4. DATE OF DEATH Month October Day 17 , Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/11/1886	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General farming	11. BIRTHPLACE (City and state or country) Green City, Mo.	12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME Andrew Jackson See	13b. MOTHER'S MAIDEN NAME Rodha E. Rowland	14. NAME OF HUSBAND OR WIFE Bertha See 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. [REDACTED]
17. INFORMANT Address Mrs. Bertha Pratt, Green City, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Thrombosis L. Middle Cerebral Artery 10 days		5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis	
DUE TO (c)		

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
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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 9:15 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 **October 15, 1962** to **October 17, 1962** and last saw him alive on **October 16, 1962**
Death occurred at **9:15 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R.D. Smith D.O.	22b. ADDRESS Green City Mo.	22c. DATE SIGNED Oct 18, 1962
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 20, 1962	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery.	23d. LOCATION (City, town, or county) (State) Green City, Mo.
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24. FUNERAL DIRECTOR Bluen E. Feltson, Green City, Mo.	ADDRESS 10-19-62	25. DATE RECD. BY LOCAL REG. 10-19-62	26. REGISTRAR'S SIGNATURE Mrs. M.W. Beckett
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF DOCUMENT
 DATE AMENDED
 1050
 21050
 3
 4 0
 5 1
 6
 7 0
 8 2
 9 332X
 10
 11
 12 90-2
 13 2-0
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF

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 Karl R. Kent
Licensed Embalmer No. 4689

P. O. Address Green City, 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.