No. 300
10.48

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19277

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 49

<div style="writing-mode: vertical">WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD</div>

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Barry		a. STATE Missouri	b. COUNTY Barry
b. CITY OR TOWN Monett (If outside corporate limits, write RURAL and give township)	c. LENGTH OF STAY (in this place) 50 yrs	c. CITY OR TOWN Monett (If outside corporate limits, write RURAL and give township) 0051	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Scroggins Home - 910 4th St		d. STREET ADDRESS 910 4th street (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) SYBIL	b. (Middle)	c. (Last) PRATT	4. DATE OF DEATH (Month) June (Day) 12 (Year) 1950
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single (1)	8. DATE OF BIRTH Aug 5 1870	9. AGE (If years last birthday) 79 / Months 10 / Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laundress	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Benton County Arkansas	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Louis Pratt	13b. MOTHER'S MAIDEN NAME Sarah Ellis	14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Miss Flossie Charles	ADDRESS Monett Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypertension		several years
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) senility		several years
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		444X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to 6/9, 195_, that I last saw the deceased alive on 6/9, 19 50 and that death occurred at 11:20 A m., from the causes and on the date stated above.

23a. SIGNATURE F. J. Moening Toff (Degree or title) M D	23b. ADDRESS Monett Mo	23c. DATE SIGNED 6/15/1
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 15 1950	24c. NAME OF CEMETERY OR CREMATORY IOOF	24d. LOCATION (City, town, or county) Monett (State) Mo
DATE REC'D BY LOCAL REG. 6-15-50	REGISTRAR'S SIGNATURE W. B. West	25. FUNERAL DIRECTOR'S SIGNATURE Dillon Funeral Home - Monett Mo	ADDRESS

(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_____

....,

working under my personal supervision.

Student Embalmer No.........................

Signed_____ J. D. Buchanan

Signed..

Student Embalmer

Licensed Embalmer No. 3179

P. O. Address_____ Monett, 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 this body is not embalmed, fact should be so stated above.