URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 2 0 1959

59-037351
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. — Registrar's No. 390

ENDED

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cantwell
Length of stay in 1b: 40 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Cantwell
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Harry Jr. Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Julia Middle Madeline Last Pratte

4. DATE OF DEATH: Month Oct. Day 13th. Year 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Sept. 5, 1891
9. AGE (last birthday): 68
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): St. Francois, Co. Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Andrew Williams
13b. MOTHER'S MAIDEN NAME: Julia Thurman
14. NAME OF HUSBAND OR WIFE: Albert Pratte (Dec)

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.: None
17. INFORMANT Address: Mrs. Alice Hamblin, Cantwell, 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): Intracranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ___
DUE TO (c): ___

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Rheumatoid arthritis, Thrombocytopenia

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 attended the deceased from June 1933 to Oct 13' 1959 and last saw her/him alive on 10-12-59
Death occurred at 7:55 A m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W O Keelle M D
22b. ADDRESS Desloge MO
22c. DATE SIGNED 10-13-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/15/1959
23c. NAME OF CEMETERY OR CREMATORY: Parkview Cemetery
23d. LOCATION (City, town, or county) (State): Farmington, Mo

24. FUNERAL DIRECTOR ADDRESS: C.Z. Boyer & Son Desloge, Mo
25. DATE RECD. BY LOCAL REG.: Oct. 14, 1959
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed B. F. Boyer

Licensed Embalmer No. 3 6 6 6

P. O. Address Lee Cage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.