MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 4 STATE FILE NUMBER 0049570

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0941
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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

FILED DEC 16 1964

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bonne Terre
Length of stay in 1b: 1-day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bonne Terre Hospital
Inside Limits: Yes [X] 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 [X] No [ ]
d. STREET ADDRESS (If outside, give location): 405 Cowling
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First JOSEPH Middle HENRY Last PRATTE

4. DATE OF DEATH: Month December Day 8th. Year 1964

5. SEX: Male

6. COLOR OR RACE: White

7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: Sept. 13, 1893

9. AGE (last birthday): 71
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): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (City and state or country): Washington Co. Mo.

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: William H. Pratte

13b. MOTHER'S MAIDEN NAME: Lucy L. DeClue

14. NAME OF HUSBAND OR WIFE: - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Mrs. Ollie McCall, 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): Ruptured aortic aneurysm — INTERVAL BETWEEN ONSET AND DEATH: Last minute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive cardiovascular disease — several years
DUE TO (c): Generalized Arteriosclerosis & Cerebral vascular accident - 4 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Two Cerebral vascular accidents. Prostate & Cancer

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 8 Dec 64 to 8 Dec 64 and last saw him alive on 8 Dec 64
Death occurred at 8 Dec 64 1:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Newton T. Hardy MD

22b. ADDRESS: Desloge, Mo.

22c. DATE SIGNED: 9 Dec 64

22d. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12/11/1964

23c. NAME OF CEMETERY OR CREMATORY: Immaculate Conception

23d. LOCATION (City, town, or county) (State): St. Francois, Mo.

24. FUNERAL DIRECTOR ADDRESS: C.Z. Boyer & Son, Desloge, Mo.

25. DATE RECD. BY LOCAL REG.: Dec 9, 1964

26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

DEC 18 1964

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 R. T. Boyd

Licensed Embalmer No. 3660

P. O. Address Desloge, 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.