

FILED FEB 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8516**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **370**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hume 8070	
c. LENGTH OF STAY (in this place) 3 months		d. STREET ADDRESS (If rural, give location) RFD 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCart Conv. Home			

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Lee c. (Last) Spratt			4. DATE OF DEATH (Month) (Day) (Year) Feb. 18 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 20, 1873	9. AGE (In years last birthday) 79	10. UNDER 1 YEAR Months 6 Days _____ Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Christian Co., Ill.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME William Spratt		13b. MOTHER'S MAIDEN NAME Ellen Knotts		14. NAME OF HUSBAND OR WIFE Nancy Spratt	
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'S SIGNATURE OR NAME ADDRESS Nancy Spratt RFD 1, Hume, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		ANTECEDENT CAUSES				2 days	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertension				5 years	
		DUE TO (c) Arteriosclerosis				5 1/2	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **Jan 1st, 1953** to **Feb 18, 1953**, that I last saw the deceased alive on **Feb 18, 1953** and that death occurred at **1:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Anna E. Ferry (Degree or title)		23b. ADDRESS Hume Mo		23c. DATE SIGNED 2-19-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 20, 1953		24c. NAME OF CEMETERY OR CREMATORY Hume Cemetery	
24d. LOCATION (City, town, or county) (State) Hume Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Ferry & Culver-Inders		ADDRESS Bates Mo	
DATE REC'D BY LOCAL REG. 2-20-53		REGISTRAR'S SIGNATURE Anna E. Ferry		451-	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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APR 1 1953

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
Student Embalmer

Signed John J. [Signature]

Licensed Embalmer No. 3585

P. O. Address. Butler 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.