

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31528**

FILED OCT 13 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 947

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY OR TOWN Springfield		c. CITY OR TOWN Springfield	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 2111 N. Grace	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		0376 0	
3. NAME OF DECEASED (Type or Print) a. (First) HATTIE		b. (Middle) C.	
c. (Last) PRATT		4. DATE OF DEATH (Month) (Day) (Year) October 8 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 27 October 1874
9. AGE (In years last birthday) 78		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. 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 In Home	11. BIRTHPLACE (City and State or Foreign Country) Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Kirkpatrick	
13b. MOTHER'S MAIDEN NAME Mary Oliver		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Emmett A. Pratt		ADDRESS Willard, Mo. RFD#2	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331 X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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) (Min.)		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 <u>September 19 53</u> , to <u>October 8 1953</u> , that I last saw the deceased alive on <u>October 8 1953</u> , and that death occurred at <u>10:45 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <i>Carl W. Klingsner</i> (Degree or title)		23b. ADDRESS 1951 S. National	
23c. DATE SIGNED 10-9-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 10-10-53		24c. NAME OF CEMETERY OR CREMATORY Robberson Home	
24d. LOCATION (City, town, or county) (State) Greene Co. Missouri		25. FUNERAL DIRECTOR'S SIGNATURE J. W. KLINGNER & CO.	
DATE REC'D BY LOCAL REG. 10-10-53		REGISTRAR'S SIGNATURE <i>Emmett A. Pratt</i>	
ADDRESS 10-10-53		ADDRESS Springfield, Mo.	

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

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 *Max Rhode*.....

Licensed Embalmer No. *4071*.....

P. O. Address *Birmingham*.....

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.