S. No. 300
v. 10.48

FILED OCT 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32668

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5979 Registrar's No. 126

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

1. PLACE OF DEATH
a. COUNTY: Polk (Gooney Township.)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Morrisville
c. LENGTH OF STAY (In this place): Few Hours.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East of Morrisville Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN: Springfield
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 2111 N. Grace 6396

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): E.
c. (Last): PRATT

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 21 June 1893
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter and Paper Hanger
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: N.A.Pratt
13b. MOTHER'S MAIDEN NAME: Hattie Kirkpatrick
14. NAME OF HUSBAND OR WIFE: Bessie Pratt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: Yes
17. INFORMANT'S SIGNATURE OR NAME: Bessie Pratt — ADDRESS: Springfield, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Indigestion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 5442
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~~ deceased from* Sept. 17 1953, *to* _____, 19__, *that I last saw the deceased ~~alive~~ on* Sept. 17 1953 *and that death occurred at* 11 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Willard B. Erwin Coroner Polk Co. Mo.
23b. ADDRESS: Bolivar, Mo.
23c. DATE SIGNED: 9/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-19-53
24c. NAME OF CEMETERY OR CREMATORY: Robberson Prairie
24d. LOCATION (City, town, or county) (State): Greene County, Mo.

DATE REC'D BY LOCAL REG.: 10/9/53
REGISTRAR'S SIGNATURE: Ralph Gordon 25 0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: J.W.KLINGNER & CO. Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

OCT 14 195

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed May Rhodes

Licensed Embalmer No. 407

P. O. Address Springfie

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