

000-56 3
 Use only black ink or ribbon typewrite if possible
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 death, welfare public service
 symptoms with or without
 death due to natural causes.

FILED JUN 17 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

20697

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 531

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Greene</u>				a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Springfield</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. Burge Hospital</u>			Length of stay in 1b	d. STREET ADDRESS <u>Route 11</u>			(If outside, give location) <u>340</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>RALPH</u>		Middle <u>JAMES</u>		Last <u>CATES</u>		Month <u>June</u> Day <u>8</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>April 24, 1923</u>		9. AGE (In years last birthday) <u>34</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver Reynolds Mfg. Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>M. C. Cates</u>				14. MOTHER'S MAIDEN NAME <u>Bessie Pratt</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>444-18-9724</u>		17. INFORMANT <u>Mrs. Myrtle Cates (Wife) Spfld. Mo.</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SHOCK</u>							INTERVAL BETWEEN ONSET AND DEATH <u>LAST</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>BOLT OF LIGHTNING</u>		9351		3	
		DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>WAS DRIVING TRACTOR IN FARM HOME FIELD. BOLT STRUCK NEARBY HITTING FROM SEAT TO GROUND. HE WAS PICKING UP HAY. HAD WAGON ATTACHED TO TRACTOR</u>				
20c. TIME OF INJURY Hour <u>3</u> Month <u>JUNE</u> Day <u>8</u> Year <u>57</u> P. M. <u>5</u>							
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>		20f. CITY, TOWN, OR LOCATION <u>SPRINGFIELD, GREENE, MISSOURI</u>		20g. COUNTY <u>MISSOURI</u> STATE <u>MISSOURI</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ P. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Richard L. Williams</u>				22b. ADDRESS <u>Coroner's Office Springfield, Missouri</u>		22c. DATE SIGNED <u>8 June 1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-11-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cemetery</u>		23d. LOCATION (City, town, or county) <u>Halfway, Missouri</u> (State)		
24. FUNERAL DIRECTOR <u>J. W. Klingner</u> ADDRESS <u>Spfld. Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>6-10-57</u>		26. REGISTRAR'S SIGNATURE <u>Richard L. Williams</u>	

JUN 18 1957

JUL 15 1957

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 *Glen D. Williams*

Licensed Embalmer No. *460*

P. O. Address *Springfield*

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