

Health,
Public
Service

Cooper

FILED AUG 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23499

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 300 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Butler Mo. 001/0 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Butler memorial		Length of stay in 1b 6 Hrs.	d. STREET ADDRESS (If outside, give location) RED Butler Mo Summit Twp Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Richard Middle Felix Last Spratt			4. DATE OF DEATH Month Aug Day 4 Year 1957		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 15-1924	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY general	11. BIRTHPLACE (City and state or country) Bates Co Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Lee Spratt	13b. MOTHER'S MAIDEN NAME Edna Main	14. NAME OF HUSBAND OR WIFE Betty Spratt
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW #2	16. SOCIAL SECURITY NO. 493 22 3995	17. INFORMANT Lee Spratt-Butler Missouri	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTRACRANIAL INJURY		INTERVAL BETWEEN ONSET AND DEATH APPROX. 8 HRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) SEVERE HEAD INJURY	8 HOURS
	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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.) AUTOMOBILE ACCIDENT
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20c. TIME OF INJURY 7:30 p.m. 8 3 '57	
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) RURAL ROAD	20f. CITY, TOWN, OR LOCATION 00 COUNTY BATES STATE MO
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21. I attended the deceased from Aug 3 1957 to Aug 4 1957 and last saw him alive on Aug. 4, 1957 Death occurred at 3:50 AM m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE John M. Cooper M.D. (Degree or title)	22b. ADDRESS Butler Missouri	22c. DATE SIGNED 8/6/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/7/57	23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	23d. LOCATION (City, town, or county) (State) Butler Missouri
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24. FUNERAL DIRECTOR Culver Underwood	ADDRESS Butler Mo.	25. DATE RECD. BY LOCAL REG. Aug. 6 1957	26. REGISTRAR'S SIGNATURE Rendall Kurray
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 14 1957

AUG 18 1957

JAN 29 1958

SEP 2 1958

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 *John B. Underwood*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.