

Health, Welfare, Public Service

FILED AUG 20 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 0 27677  
STATE FILE NUMBER

Registration District No. 389 Primary Registration District No. 5173 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Holts Summit</u>		c. CITY OR TOWN <u>Holts Summit</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Holts Summit</u>		d. STREET ADDRESS (If outside, give location) <u>Highway #54 North</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ruben Martin Pratt</u>		4. DATE OF DEATH Month Day Year <u>August 7, 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> UNMARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 13, 1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Station Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Montgomery Co., Mo.</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie Thomas Pratt</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-36-8215</u>	17. INFORMANT Address <u>Robert Pratt Holts Summit, Mo.</u>
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>TORN BRAIN - SKULL FRACTURE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>INST</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>GUN SHOT</u>			
DUE TO (c) <u>9191</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>19</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 report) <u>GUN SHOT WHILE HUNTING CROSSING FENCE</u>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>AND CAUGHT TRIGGER IN FENCE</u>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>IN FIELD</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>NEAR HOLTS SUMMIT</u> COUNTY <u>Callaway</u> STATE <u>Mo</u>	
21. I attended the deceased from _____, to _____ and last saw <sup>her</sup> <sub>him</sub> alive on _____ Death occurred at <u>12 Noon</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Nancy A. Stewart Coronar</u>		22b. ADDRESS <u>Fulton Mo</u>	
22c. DATE SIGNED <u>Aug 10/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug. 9, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Union Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Holts Summit, Mo.</u>
24. FUNERAL DIRECTOR'S ADDRESS <u>Victor Bueschu J.C.Mo</u>		25. DATE RECD. BY LOCAL REG. <u>8/12/57</u>	26. REGISTRAR'S SIGNATURE <u>LeRoy Claypool</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

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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 *Victor Buesche*

Licensed Embalmer No. *3701*  
P. O. Address *Jcm*

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.