

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039608

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 281 Primary Registration District No. _____ Registrar's No. 263

FILED OCT 29 1962

VS 300
Rev. 4/59

10740
20740

3

4 0

5 1

6

7 0

8 0

9442X

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Burlington Junction		Length of stay in 1b 3 yrs	c. CITY OR TOWN Burlington Junction
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) none
3. NAME OF DECEASED (Type or print) First Middle Last Winfield Scott Spratt		4. DATE OF DEATH Month Day Year October 20 1962	
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 4/4/1875
9. AGE (last birthday) 87		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Bembo, Missouri
12. CITIZEN OF WHAT COUNTRY US		13a. FATHER'S NAME Charles Ralph Spratt	
13b. MOTHER'S MAIDEN NAME Nancy (Last name unknown)		14. NAME OF HUSBAND OR WIFE Martha Marsh Spratt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Eugene Spratt Burlington Jct Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular Renal Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) C. Uremia DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 1 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from Oct, 1961 to Oct 1962 and last saw her him alive on 10/19/62 Death occurred at 4:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. H. Hahn		(Degree or title)	22b. ADDRESS Marionville, Mo.
22c. DATE SIGNED 10/23/62		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/23/62	23c. NAME OF CEMETERY OR CREMATORY Ohio Cemetery	23d. LOCATION (City, town, or county) Burlington Jct Mo.
24. FUNERAL DIRECTOR J. H. Hahn		ADDRESS Burlington Jct Mo	25. DATE RECD. BY LOCAL REG. 10-23-62
26. REGISTRAR'S SIGNATURE Bess Holt			

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 *J. H. Kern*

Licensed Embalmer No. 2965
P. O. Address Burl. Jol 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.