

Health,
& Welfare
Public
Service

S. 300
V. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 27 1957

THE DIVISION OF REALTY OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10920
STATE FILE NUMBER
1003
Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 22524

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Tennessee b. COUNTY Shelby			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Memphis 84108		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE 38 Barouthe City Hospital				Length of stay in lb DOA		d. STREET ADDRESS (If outside, give location) 33 1525 McMillan	
3. NAME OF DECEASED (Type or print) First James Middle C. Last Pratt			4. DATE OF DEATH Month March Day 6 Year 1957				
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 3, 1922	
9. AGE (In years last birthday) 34		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Mississippi 1	
12. CITIZEN OF WHAT COUNTRY? U.S.							
13. FATHER'S NAME William O. Pratt				14. MOTHER'S MAIDEN NAME Mattie Whitaker			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II & Korean		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Geneva R. Pratt, Memphis, Tennessee			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of Skull Drawn. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) E976						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input checked="" type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Self inflicted, with rifle in	
20c. TIME OF INJURY Hour a. m. p. m. 3 5 57		Month, Day, Year March 5th 1957		20d. PLACE OF INJURY (e. g., in or about home, farm, factory street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION COUNTY STATE St Louis Mo	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 1235A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Catrist Taylor Carauer				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 3.6.57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-5-57		23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) (State) Oxford, Mississippi	
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.				25. DATE RECD. BY LOCAL REG. MAR 6 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith MO msc	

