

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5747

FILED MAR 13 1953

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 944

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY 3318	
c. LENGTH OF STAY (in this place) 10 YRS.		d. STREET ADDRESS (If rural, give location) 2220 Holmes Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL			
3. NAME OF DECEASED (Type or Print) Lettie R. Bratten		4. DATE OF DEATH (Month) (Day) (Year) Feb 12 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 8 1882
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse		10b. KIND OF BUSINESS OR INDUSTRY Research Hospital	11. BIRTHPLACE (State or foreign country) Sedalia, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Patrick Hall Bratten		13b. MOTHER'S MAIDEN NAME Mary Amelia Cordes	14. NAME OF HUSBAND OR WIFE - -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type, no. or unknowns) (If yes, give year or dates of service) Yes WW I		16. SOCIAL SECURITY NO. - -	17. INFORMANT'S SIGNATURE OR NAME K.C. Moore ADDRESS Lillian Pierce 2220 Holmes
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma ANTECEDENT CAUSES Squamous Cell Morbidity conditions, if any, giving rise to the above cause, (a), stating the underlying cause last. DUE TO (b) Carcinoma left leg DUE TO (c) Varicose Ulcer II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. 191X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma left leg.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from 10-14, 1952, to 2-12, 1953, that I last saw the deceased alive on 2-11, 1953, and that death occurred at 1:48 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Walter Cummins, MD (Degree or title)		23b. ADDRESS 1612 Prof. Bldg.	23c. DATE SIGNED 2-12-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-12-53	24c. NAME OF CEMETERY OR CREMATORY Crown Hill	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
DATE REC'D BY LOCAL REG. 2-13-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Simon Mortuary Service Co. K.C. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 13 1953

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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 .....  
Student Embalmer

Signed *John P. Sidman*  
Licensed Embalmer No. 4531  
P. O. Address Kansas City, 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 this body is not embalmed, fact should be so stated above.