

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

407

State File No.

FILED FEB 8 1954

REG. DIST. NO. 47

PRIMARY REG. DIST. NO. 3008

Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Fulton)	c. LENGTH OF STAY (If this place) 18 Days	c. CITY OR TOWN Fulton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway County Hospital		e. STREET ADDRESS (If rural, give location) 15 E. 9th St.	
3. NAME OF DECEASED (Type or Print)	a. (First) Clara	b. (Middle) Bertie	c. (Last) Bratton
4. DATE OF DEATH	(Month) Feb-	(Day) 4	(Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July, 7, 1887
9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 0 Days 27	IF UNDER 11 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Near New Bloomfield, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME R. P. Stewart	13b. MOTHER'S MAIDEN NAME Carrie Griffin	14. NAME OF HUSBAND OR WIFE Ernest E. Bratton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME E. E. Bratton ADDRESS 15 E 9th St. Fulton, Mo	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) Cardiac Decompensation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 7 weeks 10 yrs. 3 mo
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	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 1946 to 2-4 , 19 54 , that I last saw the deceased alive on 2-4 , 19 54 , and that death occurred at 12:20 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John J. Brown MD	23b. ADDRESS Fulton Mo	23c. DATE SIGNED 2-5-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb-6-1954	24c. NAME OF CEMETERY OR CREMATORY Carrington Cemetery	24d. LOCATION (City, town, or county) (State) Carrington Mo
DATE REC'D BY LOCAL REG. Feb. 5-1954	REGISTRAR'S SIGNATURE Maretha Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home	ADDRESS Fulton Mo

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

(Licensed Embalmer's Statement on Reverse Side)

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 *William C. Grehs*

Licensed Embalmer No. *48*

P. O. Address *Fulton,*

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.