

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **4342**

BIRTH NO.		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 51	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		d. STREET ADDRESS (If rural, give location) 418 Mulberry	
d. FULL NAME OF HOSPITAL OR INSTITUTION 418 Mulberry				d. STREET ADDRESS (If rural, give location) 418 Mulberry			
3. NAME OF DECEASED (Type or Print) Clark Mitchell Bratten			a. (First)		b. (Middle)		c. (Last)
4. DATE OF DEATH Feb. 24, 1954			8. DATE OF BIRTH May 4 1909		9. AGE (In years last birthday) 44		10. IF UNDER 1 YEAR Months 9 Days 20
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. BIRTHPLACE (City and State or Foreign Country) USA		12. CITIZEN OF WHAT COUNTRY? USA		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Campbell Supply Co.		11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Sylvester Bratten		13b. MOTHER'S MAIDEN NAME Chrolette Mengel		14. NAME OF HUSBAND OR WIFE Minnie O. Bratten			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 490-09-7067		17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie O. Bratten			
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) Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH 3 men	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis				5 men	
		DUE TO (c) and angina pectoris					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				4201	
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)		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 Oct , 19 53 , to Feb 24 , 19 54 , that I last saw the deceased alive on Feb 12 , 19 54 , and that death occurred at 7a m., from the causes and on the date stated above.							
23. SIGNATURE Edward R. Bohra (Degree or title) M.D.				23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED 2-24-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 26, 1954	24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.		
DATE REC'D BY LOCAL REG Feb 25-1954		REGISTRAR'S SIGNATURE R.P. Davis M.D. - M.R. '68		25. FUNERAL DIRECTOR'S SIGNATURE Victor Busch ADDRESS Jefferson City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 1 1962
NOV 14 1962

JUN 20 1958

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

Victor Buscher

Licensed Embalmer No. 3701

P. O. Address *Jefferson City*

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.