

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36550**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1210**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 34 yrs.		d. STREET ADDRESS (If rural, give location) 1109 Penn Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Methodist Hospital (Missouri)			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) EDNA c. (Last) BRATCHER			4. DATE OF DEATH (Month) (Day) (Year) Nov. 13 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH August 2, 1896		9. AGE (In years last birthday) 58		10. UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) Gentry County, Missouri		12. CITIZEN OF WHAT COUNTRY? U S A			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Home			

13a. FATHER'S NAME Willice G. Bratcher		13b. MOTHER'S MAIDEN NAME Mary Edna Johnson		14. NAME OF HUSBAND OR WIFE None	
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. 491-09-4417		17. INFORMANT'S SIGNATURE OR NAME Luther S. Glasco ADDRESS St. Joseph, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemolytic Spherulitis		II. OTHER SIGNIFICANT CONDITIONS		Unknown	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Anemia type unspecified		Unknown	
ANTECEDENT CAUSES		DUE TO (c)			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 2044		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 **February 5, 1954**, to **November 13, 1954**; that I last saw the deceased alive on **November 13, 1954**, and that death occurred at **9:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mustard A. Lave M.D.		23b. ADDRESS Wichita, Miss. Joseph, Mo.		23c. DATE SIGNED Nov. 15, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 16, 1954		24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery	
		24d. LOCATION (City, town, or county) Albany		(State) Missouri	

DATE REC'D BY LOCAL REG. Nov 18, 1954		REGISTRAR'S SIGNATURE Bethel M. Allison		FUNERAL DIRECTOR'S SIGNATURE Stamper Funeral Home ADDRESS St. Joseph, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student embalmer No.

Signed _____

Charles E. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. *4672*

P. O. Address *St. Joseph, 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.