

FILED FEB 9 1955 STANDARD CERTIFICATE OF DEATH

State File No. 337

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|--|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>43</u> | | PRIMARY REG. DIST. NO. <u>3007</u> | | Registrar's No. <u>135</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> <u>0</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u> | | | |
| b. CITY OR TOWN <u>Poplar Bluff</u> | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN <u>Poplar Bluff</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hosp.</u> | | | | e. STREET ADDRESS (If rural, give location) <u>01240</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Garfield</u> c. (Last) <u>BRATCHER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 28 55</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>OCT. 3, 1880</u> | |
| 9. AGE (In years last birthday) <u>74</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | | 13a. FATHER'S NAME <u>Tom Bratcher</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ida Bratcher</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lilla Barker, Poplar Bluff, Mo.</u> | | | |
| 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u> ANTECEDENT CAUSES <u>Coronary Arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u> <u>6 mo.</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>+331</u> | | | | 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) (Min.) | | 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 <u>Sept 53</u> , to <u>28 Jan 1955</u> , that I last saw the deceased alive on <u>24 Jan 1955</u> , and that death occurred at <u>4:45 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. H. C. ...</u> | | | | 23b. ADDRESS <u>MD 0321 ...</u> | | 23c. DATE SIGNED <u>29 Jan 55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>1/30/55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Black Oak</u> | | 24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo</u> | |
| DATE RECD BY LOCAL REG. <u>2/1/55</u> | | REGISTRAR'S SIGNATURE <u>G. W. ...</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hawley ...</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

FEB 7 1955

CUTLER CO. HEALTH CENTER

FILE No. _____

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 Edwin L. ...

Licensed Embalmer No. 48

P. O. Address ...

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.