

FILED MAR 9 1956

STANDARD CERTIFICATE OF DEATH

5668

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>MISSISSIPPI</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>MISSISSIPPI</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EAST PRAIRIE Mo</u>		c. CITY OR TOWN <u>EAST PRAIRIE Mo</u>	
c. LENGTH OF STAY (In this place) <u>80 YEARS</u>		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 <u>EAST PRAIRIE Mo</u>		e. STREET ADDRESS (If rural, give location) <u>067 1/2</u>	

3. NAME OF DECEASED (Type or Print) <u>WILLIAM MAGE BRATCHER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 27. 1956</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>OCT. 28, 1876</u>		9. AGE (In years last birthday) <u>80</u>		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSISSIPPI COUNTY Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JAMES BRATCHER</u>		13b. MOTHER'S MAIDEN NAME <u>ORDA GILLIAM</u>	
14. NAME OF HUSBAND OR WIFE <u>KATE SIPP BRATCHER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. _____	

17. INFORMANT'S SIGNATURE OR NAME <u>MRS. CHARLES PARKER</u>		ADDRESS <u>EAST PRAIRIE Mo</u>	
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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) <u>Cerebral Hemorrhage</u>		II. OTHER SIGNIFICANT CONDITIONS		Interval <u>Instantly</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		III. ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypotension</u>			
		DUE TO (c) _____			
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) <u>331x</u>	
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 no medical attendance, 1956, to 1956, that I last saw the deceased alive on 1956, and that death occurred at 3 P.m., from the causes and on the date stated above.

23. SIGNATURE <u>Davis Shelby Coroner</u> (Degree or title) _____		23b. ADDRESS <u>East Prairie Mo.</u>		23c. DATE SIGNED <u>2-28-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 1, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE</u>	
24d. LOCATION (City, town, or county) (State) <u>CHARLESTON Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Outtride G. Harper</u>		ADDRESS <u>197 1/2 Travis Shelby East Prairie Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-3-56</u>		REGISTRAR'S SIGNATURE _____		_____	

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

RECEIVED

Miss. Co. Health D

County File No. MAF

Date Filed MAR 1 1950

MAR 13 1950

**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 T. Travis Shelby Jr.

Licensed Embalmer No. 4940

P. O. Address East. Prairie

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.