

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026363

STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 245 Primary Registration District No. 5836 Registrar's No. 82

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Neosho Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 50 Yrs	d. STREET ADDRESS (If outside, give location) Route # 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Homer Middle Last Bratcher			4. DATE OF DEATH Month July Day 20 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 13, 1905
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (In years last birthday) 53 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
11. BIRTHPLACE (City and state or country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Robert Bratcher		13b. MOTHER'S MAIDEN NAME Jessie Wells	14. NAME OF HUSBAND OR WIFE Mary Bratcher
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give type or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Mary Bratcher Neosho, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma Pulmonary Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Primary Site Undetermined DUE TO (c) 165X			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from July 20 , to July 20 and last saw him alive on July 20 1958 Death occurred at 4:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. Carter M.D.		22b. ADDRESS Neosho Mo	22c. DATE SIGNED July 24 1958
23a. BURIAL, CREMATION, REMOVAL, (Specify) Burial	23b. DATE 7-23-58	23c. NAME OF CEMETERY OR CREMATORY Gibson Cemetery	23d. LOCATION (City, town, or county) (State) Near Neosho, Mo
24. FUNERAL DIRECTOR ADDRESS Clark Funeral Home Neosho, Mo		25. DATE RECD. BY LOCAL REG. 7-25-58	26. REGISTRAR'S SIGNATURE Melvin C. Bowman M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

District Health Officer No. *Newton*
District File Number *858-157*
Date Filed *AUG 4 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 *Fred L. Clark*, Student Embalmer No. *56* working under my personal supervision.

Student *Fred L. Clark*
Signature of Student Embalmer

Signed *David Dillon*

Licensed Embalmer No. *3898*

P. O. Address *Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.