

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014268

STATE FILE NUMBER

APR 27 1959

Registration District No. 254

Primary Registration District No. 5860

Registrar's No. 9

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY OREGON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OREGON	
b. CITY OR TOWN KOSHKONONG		c. CITY OR TOWN KOSHKONONG <i>9752</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last RICHARD EDWARD BRATCHER		4. DATE OF DEATH Month Day Year APRIL 3, 1959	
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 FEB 3, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SECTION FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY RAILWAY	11. BIRTHPLACE (City and state or country) LAWRENCE CO. ARK
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOHN BRATCHER	
13b. MOTHER'S MAIDEN NAME SARAH FALCON		14. NAME OF HUSBAND OR WIFE ADA MAY BRATCHER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give nature of service) NO NONE		16. SOCIAL SECURITY NO. 702-03-8418	
17. INFORMANT ADA MAY BRATCHER		Address KOSHKONONG 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) Coronary Thrombosis DUE TO (b) Myocardium DUE TO (c) Out crossobron			INTERVAL BETWEEN ONSET AND DEATH 1 hour
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 o.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <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 _____ to _____ and last saw her/him alive on _____ Death occurred at 1:00A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <i>[Address]</i>	
22c. DATE SIGNED		22d. SIGNATURE <i>[Signature]</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-8-59	
23c. NAME OF CEMETERY OR CREMATORY KOSHKONONG CEM.		23d. LOCATION (City, town, or county) (State) KOSHKONONG MO	
24. FUNERAL DIRECTOR <i>[Signature]</i>		25. DATE RECD. BY LOCAL REG. 4-16-59	
ADDRESS MISSOURI		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

MAY 21 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
Signature of Student Embalmer

Signed *Frederick Carter*

Licensed Embalmer No. *4516*

P. O. Address *Shawyer*

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. -- -4

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