

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-043015

FILED VS NOV 30 1959

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 209

ENDED

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>SCOTT</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SIKESTON</u>		Length of stay in 1b		c. CITY OR TOWN <u>SIKESTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>216 FELKER ST.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>216 FELKER</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CLARENCE BRATCHER</u>				4. DATE OF DEATH Month Day Year <u>10-31-1959</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>12-8-1926</u>	9. AGE (last birthday) <u>32 YRS.</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>23</u>	IF UNDER 24 HR Hours <u>23</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WAREHOUSE LABORER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>HAZEN, ARK.</u>		12. CITIZEN OF WHAT COUNTRY <u>U-S-A</u>	
13a. FATHER'S NAME <u>EUGENE BRATCHER</u>			13b. MOTHER'S MAIDEN NAME <u>ALMA WILLIAMS</u>		14. NAME OF HUSBAND OR WIFE <u>MARGARET BRATCHER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>			16. SOCIAL SECURITY NO. <u>429-44-5563</u>	17. INFORMANT Address <u>MARGARET BRATCHER, SIKESTON, MO.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL HEMORRHAGE</u> DUE TO (b) <u>CHRONIC ALCOHOLIC</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>30 HRS</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m. _____	Month, Day, Year						
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 _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Andy Poe</u> (Degree or title)				22b. ADDRESS <u>Coroner Sikeston Mo.</u>		22c. DATE SIGNED <u>11/7/59</u> (Stamp)	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>11-7-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Cem.</u>		23d. LOCATION (City, town, or county) <u>Sikeston Mo</u>			
24. FUNERAL DIRECTOR <u>ALVIN DOTSON, SIKESTON, MO.</u>			ADDRESS		25. DATE RECD. BY LOCAL REG. <u>11-16-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NS DEC 1 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Tris S. Marshall
Licensed Embalmer No. 4601
P. O. Address Edmonton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.