

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029842

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 6255 Primary Registration District No. 370 Registrar's No. 87

FILED JUL 31 1962

VS 300
Rev. 4/59

1 1110
2 1110
3
4 0
5 1
6
7 1
8 2
9 171X
10
11
12 90-2
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Wayne	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Township		c. CITY OR TOWN Hiram	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 mi. N.E. Hiram, Mo.		d. STREET ADDRESS (If outside, give location) 5 mi. N.E. Hiram, Mo.	
3. NAME OF DECEASED (Type or print) First Middle Last Effie Mae Bratcher			4. DATE OF DEATH Month Day Year July 25, 1962
5. SEX F.	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 6-11-1896
9. AGE (last birthday) 64		IF UNDER 1 YEAR Months Days 1 15	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (City and state or country) Harrisburg, Ill.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Albert Hicks	
13b. MOTHER'S MAIDEN NAME Mary Carter		14. NAME OF HUSBAND OR WIFE Carl Bratcher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Not known	
17. INFORMANT Carl Bratcher - Hiram, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure DUE TO (b) metastatic pulmonary carcinoma Primary site Squamous cell carcinoma of cervix. DUE TO (c) metastatic			INTERVAL BETWEEN ONSET AND DEATH 1958 to 1962
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I. (a) Possible cerebral metastasis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 Month, Day, Year a.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 July 23 and last saw her alive on July 25 Death occurred at 11:59 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John R. Dehart, D.O.		22b. ADDRESS Lutesville, Mo.	22c. DATE SIGNED 7/27/62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE July 29, 1962	23c. NAME OF CEMETERY OR CREMATORY Wesley Chapel Cemetery	23d. LOCATION (City, town, or county) Wayne County Mo.
24. FUNERAL DIRECTOR John R. Dehart, Lutesville, Mo.		25. DATE RECD. BY LOCAL REG. July 30 1962	26. REGISTRAR'S SIGNATURE Hetta M. Ward

AUG 3 1962

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 Edward A. Graham, Student Embalmer No. 645

working under my personal supervision.

Student Edw. A. Graham
Signature of Student Embalmer

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Festerville, 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.