

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029927

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 4024 Primary Registration District No. 4024 Registrar's No. 70

STATE FILE NUMBER

VS 300
Rev. 4/59

6050
2050
3
4 0
5 2
6
7 0
8 0
94500
10
11
12 1-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY BARRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CASSVILLE		Length of stay in 1b 2 DAYS	c. CITY OR TOWN RURAL
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CASSVILLE COMMUNITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) EXETER,
3. NAME OF DECEASED (Type or print) First COLEN Middle EDGAR Last BRATTIN		4. DATE OF DEATH Month AUGUST Day 16 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/7/1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (City and state or country) EXETER, MISSOURI
13a. FATHER'S NAME THOMAS BRATTIN		13b. MOTHER'S MAIDEN NAME SALLIE PEACH	14. NAME OF HUSBAND OR WIFE LENA MAE BRATTIN
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. None	17. INFORMANT Address ELVIN BRATTIN, EXETER, MO. R#
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure			INTERVAL BETWEEN ONSET AND DEATH 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Cardiac Decompensation
			DUE TO (c) Arterial Sclerosis
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 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 May 9, 1959 to August 16, 1962 and last saw him alive on 8/16/62		Death occurred at 7:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Print name or title) <i>Elmit Howell</i>		22b. ADDRESS D.O. Purdy, Mo.	22c. DATE SIGNED 8/18/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/19/1962	23c. NAME OF CEMETERY OR CREMATORY Concord Cem.	23d. LOCATION (City, town, or county) (State) Rural, Exeter, Mo.
24. FUNERAL DIRECTOR <i>Wm Morris Rogers</i>		25. DATE RECD. BY LOCAL REG. Aug 18-'62	26. REGISTRAR'S SIGNATURE <i>Grace Williams</i>

USE BLACK INK OR TYPEWRITER RIBBON

FEB 7 1963

Burial Permit obtained 2/11/63

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 W. Morris Coppe

Licensed Embalmer No. 3442
P. O. Address Wheaton, 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.