

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29821**

FILED OCT 10 1950

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>227</u>		
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		d. STREET ADDRESS (If rural, give location) <u>416 Mulberry St.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>416 Mulberry St.</u>				d. STREET ADDRESS (If rural, give location) <u>416 Mulberry St.</u>				
3. NAME OF DECEASED (Type or Print) <u>Sylvester Grant Bratten</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 4, 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 23, 1869</u>		
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>7</u>		IF UNDER 2 HRS. Days <u>11</u>		IF UNDER 2 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Teacher</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Public Schools</u>			11. BIRTHPLACE (State or foreign country) <u>Clarksburg, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>George W. Bratten</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Clark</u>		14. NAME OF HUSBAND OR WIFE <u>Lottie Bratten</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lottie Bratten Jefferson City, Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxic myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 wk</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Osteomyelitis</u>				<u>18 Mo</u>		
		DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General Debilitation</u>				<u>7302</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Sept 23</u> , 1950, to <u>Oct 4</u> , 1950, that I last saw the deceased alive on <u>Oct 4</u> , 1950, and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>William A. Coyle M.D.</u>				23b. ADDRESS <u>125 E High St. Jefferson City</u>		23c. DATE SIGNED <u>Oct 4 1950</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct. 6, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct 7-1950</u>		REGISTRAR'S SIGNATURE <u>R. P. Darrie M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Kuesche</u>				
				ADDRESS <u>Jefferson City</u>				

RECEIVED 10-9-50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 10-9-50

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed Victor Buscher

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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