

FILED MAR 4 - 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-005053

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 181

3300  
-57

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Gentry</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Albany</b>                    |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Albany</b> 2399<br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>East Howell St.</b> |  | Length of stay in lb<br><b>lifetime</b>   | d. STREET ADDRESS (If outside, give location)<br><b>East Howell St.</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|-------------------|--|----------------|
| 3. NAME OF DECEASED (Type or print)<br><b>Grover C. Bratcher</b> | First Middle Last | 4. DATE OF DEATH<br><b>February, 22 1958</b> | Month Day Year |
|--|-------------------|--|----------------|

|                    |                              |   |   |  |  |                   |
|--------------------|------------------------------|---|---|--|--|-------------------|
| 5. SEX<br><b>M</b> | 6. COLOR OR RACE<br><b>W</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Mar, 9, 1888</b> | 9. AGE (In years (at birthday))<br><b>69</b> | 10. UNDER 1 YEAR<br>Months Days Hours Min. | 11. UNDER 24 HRS. |
|--------------------|------------------------------|---|---|--|--|-------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>farming (retired)</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farming</b> | 11. BIRTHPLACE (City and state or country)<br><b>Gentry County, Mo</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b> |
|---|---|--|---|

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|--|--|-----------------------------|
| 13a. FATHER'S NAME<br><b>Willis Green Bratcher</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Edna Johnston</b> | 14. NAME OF HUSBAND OR WIFE |
|--|--|-----------------------------|

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|--|--|--|---------|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>yes WW-I</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT<br><b>Miss Frances Bratcher, Albany, Mo.</b> | Address |
|--|--|--|---------|

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinoma of liver</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 mos.</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                         |  |   |
| 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?<br>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.)<br><b>1561</b> |
| 20c. TIME OF INJURY<br>Hour a.m. Month, Day, Year 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<br><b>Albany, Mo</b> | COUNTY | STATE |
|--|--|---|--------|-------|

21. I attended the deceased from **Feb. 7 - 58** to **Feb. 21 - 58** and last saw him alive on **Feb. 21 - 58**  
Death occurred at **1:00 a** m on the date stated above; and to the best of my knowledge, from the causes stated.

|   |                   |                                   |                                    |
|---|-------------------|-----------------------------------|------------------------------------|
| 22a. SIGNATURE<br><b>C. J. Pray, D.O.</b> | (Degree or title) | 22b. ADDRESS<br><b>Albany, Mo</b> | 22c. DATE SIGNED<br><b>2-24-58</b> |
|---|-------------------|-----------------------------------|------------------------------------|

|  |                                   |   |  |
|--|-----------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b> | 23b. DATE<br><b>Feb. 23, 1958</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Highland</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Albany, Missouri</b> |
|--|-----------------------------------|---|--|

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|---|---------|--|---|
| 24. FUNERAL DIRECTOR<br><b>Clifford Brooks, Albany, Mo.</b> | ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><b>2-24-1958</b> | 26. REGISTRAR'S SIGNATURE<br><b>Mrs. L. W. Bare</b> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 4 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 me....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Donald E. Cochell.....

Licensed Embalmer No. 4868.....

P. O. Address Albany, 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.