

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021664

STATE FILE NUMBER

FILED JUL 7 1958 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Trenton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1513 Chestnut			Length of stay in lb 3 1/2 years	d. STREET ADDRESS (If outside, give location) near Hickory			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Carl Middle Last Bratton				4. DATE OF DEATH Month June Day 28 Year 1958				
5. SEX Male	6. COLOR OR RACE Cauc.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 29, 1880		9. AGE (In years last birthday) 77		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Railroad Emp.		10b. KIND OF BUSINESS OR INDUSTRY Railroading		11. BIRTHPLACE (City and state or country) Grundy Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Theophilus Bratton				14. MOTHER'S MAIDEN NAME Sally Ann Thomas				
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 Mrs. Kate Brittenbutcher Trenton,				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerosis							INTERVAL BETWEEN ONSET AND DEATH 2 or 3 yr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____							4500	
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? 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 Mar 31-10 to June 28-58 and last saw her alive on June 19-58 Death occurred at 4 a m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE E. A. Duffly M.D.				22b. ADDRESS Trenton Mo.		22c. DATE SIGNED June 28-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-1-1958	23c. NAME OF CEMETERY OR CREMATORY Bratton		23d. LOCATION (City, town, or county) (State) Grundy Co., Mo.			
24. FUNERAL DIRECTOR Gipson Funeral Home Trenton, Mo.			25. DATE RECD. BY LOCAL REG. 6/30/58		26. REGISTRAR'S SIGNATURE Irene Jaw			

Health, Welfare, Public Service
1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Leo S. Whitaker

Licensed Embalmer No.....47

P. O. Address.....*Frenton*

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.