

# DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 15 1960

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STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 220

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Callaway</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>	Length of stay in 1b <u>1 week</u>	c. CITY OR TOWN <u>Sedalia</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>512 W. 5th St.</u>	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				

<b>3. NAME OF DECEASED</b> (Type or print) First <u>Arthur</u> Middle <u>Bratten</u> Last <u>Bratten</u>	<b>4. DATE OF DEATH</b> Month <u>August</u> Day <u>8</u> Year <u>1960</u>
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>1-23-1888</u>	<b>9. AGE</b> (last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Cleaning Department</u>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>Patrick Hall Bratten</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Anna Corlieus</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Tillie Bratten</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>	<b>16. SOCIAL SECURITY NO.</b> <u>491-07-5910</u>	<b>17. INFORMANT</b> Address <u>State Hospital No. 1 Fulton, Mo.</u>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary insufficiency</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Lower lobes pneumonia - abscesses</u>	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
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
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<b>20c. TIME OF INJURY.</b> Hour _____ a.m. _____ p.m.	Month, Day, Year <u>8-8-60</u>
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<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Hospital No. 1</u>	<b>20f. CITY, TOWN, OR LOCATION</b> <u>8-8-60</u>	<b>COUNTY</b> <u>Pettis</u> <b>STATE</b> <u>Mo.</u>
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21. State Hospital No. 1 attended the deceased from 8-8-60 to 8-8-60 and last saw him alive on 8-8-60

Death occurred at 2:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>Fred P. Handler MD</u>	<b>22b. ADDRESS</b> <u>Fulton, Mo.</u>	<b>22c. DATE SIGNED</b> <u>8/8/60</u>
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<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>Aug. 11, 1960</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Crown Hill Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Pettis County, Mo.</u>
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<b>24. FUNERAL DIRECTOR</b> <u>Shawpers Funeral Home, Fulton, Mo</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>Aug. 12 - 1960</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Maretha Lawrence</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

AUG 10 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Marshall G. Blackburn

Licensed Embalmer No. 4713

P. O. Address Fulton,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.