

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029709

STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 224 Primary Registration District No. 5176 3046 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Moniteau			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Walker		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN 66800		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b				d. STREET ADDRESS 2 m. W. of California (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) ARTHUR ROSEOE BRATTON First Middle Last				4. DATE OF DEATH Aug 29 1968 Month Day Year			
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar. 8, 1890	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Moniteau Co.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer				10b. KIND OF BUSINESS OR INDUSTRY general			
13. FATHER'S NAME George W. Bratton				14. MOTHER'S MAIDEN NAME Elyza Ann Banes			
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. 491-28-8237A		17. INFORMANT Elizabeth Bratton Address California Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 30 minutes 1 + years
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 California COUNTY Moniteau STATE Mo			
21. I attended the deceased from on 8-27-58 only and last saw ^{her} him alive on 8-27-58 Death occurred at 5:20 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R. S. Fulke M.D. (Degree or title)				22b. ADDRESS California Mo		22c. DATE SIGNED 8-30-58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 8-30-1958		23c. NAME OF CEMETERY OR CREMATORY New City		23d. LOCATION (City, town, or county) (State) California Mo	
24. FUNERAL DIRECTOR A E Walker		ADDRESS California Mo		25. DATE RECD. BY LOCAL REG. Aug 30-1968		26. REGISTRAR'S SIGNATURE Helen K. Popejoy	

(Licensed Embolmer's Statement on Reverse Side)

health, Welfare public service
 300 1-56
 0680
 506
 All symptoms will be listed. 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..... *A. E. Wilson*

Licensed Embalmer No. *235*

P. O. Address *California*

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.