

FILED AUG 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25820

BIRTH NO. _____		REG. DIST. NO. 347		PRIMARY REG. DIST. NO. 6162		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>STONE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STONE</u>			
b. CITY: (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRANSON</u>		c. LENGTH OF STAY (in this place) township) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRANSON</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 miles South of Reed's Spring</u>				d. STREET ADDRESS (If rural, give location) <u>8 miles South of Reed's Spring</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u>		b. (Middle) _____		c. (Last) <u>BORRER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 14-1949</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>June 4-1872</u>	
9. AGE (in years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Raymo</u>		12. CITIZEN OF WHAT COUNTRY? <u>Stone</u>	
13a. FATHER'S NAME <u>Rashus Vebene</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Robinson</u>		14. NAME OF HUSBAND OR WIFE <u>George Borrer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Fullerton</u>		ADDRESS <u>Branson 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, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility and Psycho-neurosis</u>				INTERVAL BETWEEN ONSET AND DEATH  <u>794x</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>none</u>  DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>none</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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>10-19-49</u> to <u>10-19-49</u> , that I last saw the deceased alive on <u>4-26-49</u> , and that death occurred at <u>10-19-49</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. P. Cottrell M.D.</u>		(Degree or title)		23b. ADDRESS <u>Reeds Spring Mo.</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/17/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Good Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marionville MO</u>	
DATE REC'D BY LOCAL REG. <u>July 14-1949</u>		REGISTRAR'S SIGNATURE <u>Mr. J. Elmer Brosnan</u>		517		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Fullerton</u>	
						ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 25 1949  
District Health Office No. 6,  
District File Number 749-864  
Date Filed 7-29-49

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.

Signed \_\_\_\_\_

*Eric L. Hersh*

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

Licensed Embalmer No. 3812

P. O. Address Quincy 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 this body is not embalmed, fact should be so stated above.