

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36281

State File No. _____

| | | | | | | | | |
|--|---------------------------|---|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>31</u> | | PRIMARY REG. DIST. NO. <u>4040</u> | | Registrar's No. <u>H6</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Benton</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp</u> | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp</u> | | 0 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS (If rural, give location) _____ | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CATHERINA</u> b. (Middle) <u>MARGARETTA</u> c. (Last) <u>BORCHERS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 15 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>April 21, 1866</u> | | 9. AGE (In years last birthday) <u>83</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>24</u> | IF UNDER 2 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>John Bahenburg</u> | | 13b. MOTHER'S MAIDEN NAME <u>Marie Meyer</u> | | 14. NAME OF HUSBAND OR WIFE <u>John F. Borchers</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Alonso Borchers</u> ADDRESS <u>Cole Camp Mo.</u> | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____ | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial Failure</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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> | | _____ | | | | | 7824 | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Cole Camp, Benton, Mo.</u> | | _____ | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 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>noon</u> , 19 <u> </u> , to <u>never</u> , 19 <u> </u> , that I last saw the deceased alive on <u>never</u> , 19 <u> </u> , and that death occurred at <u>9:00 p.m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>G. W. Montland "Croner" D.O.</u> | | | | 23b. ADDRESS <u>Cole Camp, Mo.</u> | | 23c. DATE SIGNED <u>11-18-49</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Nov. 18, 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u> | | 24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Nov 18, 1949</u> | | REGISTRAR'S SIGNATURE <u>E L Eickhoff</u> 394 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold Perry</u> ADDRESS <u>Cole Camp Mo.</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 10-49-139

Date Filed 11-23-49

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.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4097

P. O. Address Cole Camp No.

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.