

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28023

#85442

318

1003

State File No. 7244  
Registrar's No.

|  |  |  |                           |  |                                   |   |                  |  |            |  |
|--|--|--|---------------------------|--|-----------------------------------|---|------------------|--|------------|--|
| BIRTH NO.  |  | REG. DIST. NO.   |                           | PRIMARY REG. DIST. NO.   |                                   | Registrar's No.                               |                  |  |            |  |
| 1. PLACE OF DEATH<br>a. COUNTY   |  |  |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE |                                   |   |                  | b. COUNTY  |            |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN   |  | c. LENGTH OF STAY (in this place)  |                           | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN                       |                                   |   |                  |  |            |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  |  |                           | d. STREET ADDRESS (If rural, give location)  |                                   |   |                  |  |            |  |
| 3. NAME OF DECEASED<br>(Type or Print)   |  |  | a. (First)                |  | b. (Middle)                       |   | c. (Last)        |  |            |  |
|  |  |  | CARL                      |  | A.                                |   | BORG             |  |            |  |
| 4. DATE OF DEATH   |  | (Month)  |                           | (Day)  |                                   | (Year)  |                  |  |            |  |
|  |  | August   |                           | 23   |                                   | 1950  |                  |  |            |  |
| 5. SEX   |  | 6. COLOR OR RACE   |                           | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)   |                                   | 8. DATE OF BIRTH                              |                  |  |            |  |
| M  |  | W  |                           | WIDOWED  |                                   | Aug-9-1879                                    |                  |  |            |  |
| 9. AGE (In years last birthday)  |  | IF UNDER 1 YEAR  |                           | IF UNDER 100   |                                   |   |                  |  |            |  |
| 71 YRS.  |  | Months   |                           | Days   |                                   | Hours Min.                                    |                  |  |            |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |  |  |                           | 10b. KIND OF BUSINESS OR INDUSTRY  |                                   | 11. BIRTHPLACE (State or foreign country)     |                  | 12. CITIZEN OF WHAT COUNTRY?   |            |  |
| N/A  |  |  |                           |  |                                   | UNKNOWN                                       |                  | U.S.A.   |            |  |
| 13a. FATHER'S NAME   |  |  | 13b. MOTHER'S MAIDEN NAME |  |                                   | 14. NAME OF HUSBAND OR WIFE                   |                  |  |            |  |
| ?  |  |  | BORG                      |  |                                   | UNKNOWN                                       |                  |  |            |  |
|  |  |  |                           |  |                                   | ADA E. BORG                                   |                  |  |            |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |  |  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT'S SIGNATURE OR NAME |   |                  |  | ADDRESS    |  |
| No   |  |  |                           |  | CARL A. BORG JR.                  |   |                  |  | 5135 GATES |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION  |                           |  |                                   |   |                  | INTERVAL BETWEEN ONSET AND DEATH   |            |  |
|  |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Kidney with metastasis</u>      |                           |  |                                   |   |                  |  |            |  |
|  |  | 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.        |                           |  |                                   |   |                  |  |            |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |                           |  |                                   |   |                  | 20. AUTOPSY?<br>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?   |                                   |   |                  |  |            |  |
|  |  |  |                           | 180X   |                                   |   |                  |  |            |  |
| 22. I hereby certify that I attended the deceased from <u>8/22/50</u> to <u>8/23/50</u> , that I last saw the deceased alive on <u>8/23/50</u> , 19 <u>50</u> , and that death occurred at <u>10:45 pm</u> on <u>8/23/50</u> , from the causes and on the date stated above. |  |  |                           |  |                                   |   |                  |  |            |  |
| 23a. SIGNATURE   |  |  |                           | 23b. ADDRESS   |                                   |   | 23c. DATE SIGNED |  |            |  |
| Jean C. Gladden  |  |  |                           | 1515 Lafayette Ave.,   |                                   |   | 8/24/50          |  |            |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)  |  | 24b. DATE  |                           | 24c. NAME OF CEMETERY OR CREMATORY   |                                   | 24d. LOCATION (City, town, or county) (State) |                  |  |            |  |
| BURIAL   |  | AUG 27-50  |                           | CITY   |                                   | NEW FLORENCE MO.                              |                  |  |            |  |
| DATE REC'D BY LOCAL REG.   |  | REGISTRAR'S SIGNATURE  |                           |  | 25. FUNERAL DIRECTOR'S SIGNATURE  |   |                  | ADDRESS  |            |  |
| AUG 25 1950  |  | J. B. Kasater  |                           |  | E. J. Schuur                      |   |                  | 3125 Lafayette   |            |  |

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*John B. Vallmire*

Signed.....

Student Embalmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

**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.