

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29924

State File No.

FILED SEP 26 1951

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 4187 Registrar's No.

361
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Union Mo.</u>	c. LENGTH OF STAY (In this place) <u>6 yrs</u>	c. CITY OR TOWN <u>Union Mo. 03 1/2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>J</u>	

3. NAME OF DECEASED (Type or Print) <u>Emma L. Borgmann</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 12 1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>W</u>	8. DATE OF BIRTH <u>Jan 21 1889</u>	9. AGE (In years) <u>62</u> (If UNDER 1 YEAR last birthday) Months <u>7</u> Days <u>21</u> (If UNDER 24 HRS. Hours Min.)	
10a. USUAL OCCUPATION (If's kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Leslie Mo R# R.O</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John Bierman</u>		13b. MOTHER'S MAIDEN NAME <u>Carolina Tingson</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no. or unknowns) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Selma Blau, Leslie Mo.</u> ADDRESS	

18. CAUSE OF DEATH 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)		ANTECEDENT CAUSES		DUE TO (b) <u>Coronary thrombosis 2 hours</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Diabetes mellitus</u>		DUE TO (c) <u>Strangulated hernia 8 hrs</u>	
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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
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 Aug 19 1949 to Sept 12 1951, that I last saw the deceased alive on 9-12-51, and that death occurred at 2 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>H. Matthews M.D.</u> (Degree or title)		23b. ADDRESS <u>0 Beaupart Mo</u>		23c. DATE SIGNED <u>9-12-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 15, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Casco M.C.</u>	
24d. LOCATION (City, town, or county) <u>Leslie Mo.</u>		24e. (State)			

DATE REC'D BY LOCAL REG. <u>Sept 12 1951</u>		REGISTRAR'S SIGNATURE <u>F. T. Cooper, etc</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. N. Lemme</u> ADDRESS <u>Beaupart Mo</u>	
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File No.
DISTRICT HEALTH OFFICE NO. 4

SEP 18 1951

RECEIVED

MAR 3 1953

MAR 2

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 _____

E H Temme

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *E H Temme*

Licensed Embalmer No. *3076*

P. O. Address *Beaufort 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.