

FILED DEC 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42468

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 380		
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (In this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		0004		
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Memorial				d. STREET ADDRESS (If rural, give location) 404 E 2nd St				
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) Frederick		c. (Last) Borgman		
4. DATE OF DEATH		(Month) Dec		(Day) 11,		(Year) 1951		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH July 16, 1874		
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 54		IF UNDER 1 YEAR Days 25		IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer			10b. KIND OF BUSINESS OR INDUSTRY Retired			11. BIRTHPLACE (State or foreign country) Excelsa, Ohio /		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Frederick Borgman		13b. MOTHER'S MAIDEN NAME Katherine Fiszt		14. NAME OF HUSBAND OR WIFE Elizabeth Cool Borgman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Elizabeth Borgman		ADDRESS Sedalia, Mo		
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) <u>Cerebral hemorrhage</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis admodum</u>						
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 331X					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) (Minute)		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>Dec 8</u> , 1951, to <u>Dec 11</u> , 1951, that I last saw the deceased alive on <u>Dec 11</u> , 1951, and that death occurred at <u>5:40A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Chas Donald Schuffner D. M.D.</u>				23b. ADDRESS <u>Sedalia, Mo</u>		23c. DATE SIGNED <u>12-11-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec 12, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>12/13/51</u>		REGISTRAR'S SIGNATURE <u>W. J. Campbell M.D.</u>		25. HEALTH DIRECTOR'S SIGNATURE, ADDRESS <u>W. J. Campbell</u>				

251-0

(Licensed Embalmer's Statement on Reverse Side)

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

804  
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RECEIVED

DEC 18 1951

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed DEC 3 1951 -----

JUN 14 1952

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 *P. E. Baker*

Signed .....  
Student Embalmer

Licensed Embalmer No. *2419*

P. O. Address *Sedalia 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.