

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20993**

FILED JUL 10 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **14** PRIMARY REG. DIST. NO. **5598** ~~3037~~ Registrar's No. **96**

510  
3

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

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Columbus Twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Warrensburg, MO</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>502 S. Holden -</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Rural - Columbus, Mo.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Wilbert</b> c. (Last) <b>Borchers</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 26, 1952</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>Jan. 23rd, 1942</b>		9. AGE (In years last birthday) <b>10</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Schoolar</b>	
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Wilbert Borchers</b>		13b. MOTHER'S MAIDEN NAME <b>Maybelle M. Campbell</b>		14. NAME OF HUSBAND OR WIFE <b>single</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Wilbert Borchers - Warrensburg, Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain laceration</b> ANTECEDENT CAUSES <b>Car accident (Crushing injury)</b> Morbidity 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.			INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>  <b>Death.</b>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>051</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Columbus Mo - on Highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Johnson, Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6-26-52 - 11:05 A.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Automobile Accident</b>	

22. I hereby certify that I attended the deceased from **6-26**, 1952, to **6-26**, 1952, that I last saw the deceased **Dead** on **6-26**, 1952, and that death occurred at **11:05 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Phel Cooper MD</b> (Degree or title)		23b. ADDRESS <b>Warrensburg, Mo.</b>		23c. DATE SIGNED <b>6-27-1952</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-28-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	
24d. LOCATION (City, town, or county) (State) <b>Sedalia, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W.A.B. Brauningger</b>			

DATE REC'D BY LOCAL REG. **June 28, 1952** REGISTRAR'S SIGNATURE **147** ADDRESS \_\_\_\_\_  
 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
JUL 8 1952  
JOHNSON COUNTY HEALTH DE

APR 8  
1954

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.....  
Student Embalmer

Signed W. B. Bauninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.