

FILED SEP 16 1952

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 32204  
 Registrar's No. 496

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marceline</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bunton Convalescence Home</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Boston</b>	
		d. STREET ADDRESS (If rural, give location) <b>0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Nealy</b> b. (Middle) <b>Borron</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 16, 1952</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 1, 1874</b>
9. AGE (in years last birthday) <b>78</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Macon County, Mo.</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>John D. Whisenand</b>		13b. MOTHER'S MAIDEN NAME <b>Melissa Holland</b>	14. NAME OF HUSBAND OR WIFE <b>Jim E. Borron</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>Arch Whisenand,</b> ADDRESS <b>Hannibal, 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>ARTERIOSCLEROTIC + DIABETIC GANGRENE OF FOOT + TOXEMIA</b> ANTECEDENT CAUSES <b>DUE TO (b) DIABETES MELLITUS</b> <b>DUE TO (c) GENERALIZED ARTERIOSCLEROSIS</b> 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? 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) <b>260X</b>
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?
22. I hereby certify that I attended the deceased from <b>MARCH 1952</b> , to <b>AUG. 1952</b> , that I last saw the deceased alive on <b>AUG 16, 1952</b> , and that death occurred at <b>6:15 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Paul T. Berry D.D.</b>		23b. ADDRESS <b>Marceline Mo.</b>	23c. DATE SIGNED <b>8-18-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug 18, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Boston Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>New Boston, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Aug 18-1952</b>	REGISTRAR'S SIGNATURE <b>Mary Paul Oliver</b>	401-1	25. FUNERAL DIRECTOR'S SIGNATURE <b>Larson Funeral Service</b> ADDRESS <b>Bucklin, Mo.</b> By <b>C. J. Larson</b>

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

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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. 4037

P. O. Address Bucklin, 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.