FILED JUN 29 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20670

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 5101 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Alexander
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5-M-S-W-Fairfield Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Alexander 0080
d. STREET ADDRESS (If rural, give location) 5-M-S-W-Fairfield Mo

3. NAME OF DECEASED (Type or Print) a. (First) NOLIE b. (Middle) JANE c. (Last) BORINI

4. DATE OF DEATH (Month) (Day) (Year) 6-20-1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 2, 1877
9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months 7 Days 18 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) Benton County
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME W.W. Tipton
13b. MOTHER'S MAIDEN NAME Victoria Cox
14. NAME OF HUSBAND OR WIFE W.R. Boring

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME W.R. Boring Fairfield Mo ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 5 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never, 19___, *to* never, 19___, *that I last saw the deceased alive on* never, 19___, *and that death occurred at* 11:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Harold B. Urack Coroner
23b. ADDRESS Cole Camp Mo
23c. DATE SIGNED 6/20/53

24a. BURIAL, CREMATION REMOVAL (Specify) Burial
24b. DATE 6/22/1953
24c. NAME OF CEMETERY OR CREMATORY Shiloh Cemetery
24d. LOCATION (City, town, or county) (State) Benton Co. Missouri

DATE REC'D BY LOCAL REG. 6/22/53
REGISTRAR'S SIGNATURE Jas. A. Logan 23-0
25. FUNERAL DIRECTOR'S SIGNATURE John F. Bisle ADDRESS Warsaw

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 26 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 .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Jack Wilson

Licensed Embalmer No. 4643

P. O. Address Warsaw, 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.