

FILED OCT 13 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31029**  
Registrar's No. **1063**

BIRTH NO. _____		REG. DIST. NO. <b>42</b>	PRIMARY REG. DIST. NO. <b>1000</b>	Registrar's No. <b>1063</b>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>32 Yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b> <b>0117</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>2318 Circle Drive</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>EARL</b>		b. (Middle) <b>CONRAD</b>		c. (Last) <b>BORCHERS</b>	
4. DATE OF DEATH <b>Sept. 29 1953</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 30, 1890</b>		9. AGE (in years last birthday) <b>62</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lawyer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Law</b>		11. BIRTHPLACE (State or foreign country) <b>Rosendale, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13a. FATHER'S NAME <b>James Borchers</b>		13b. MOTHER'S MAIDEN NAME <b>Hattie Borchers</b>	
14. NAME OF HUSBAND OR WIFE <b>Grace</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W. #1</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Grace Borchers</b>		ADDRESS <b>St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Essential Hypertension</b>					
DUE TO (c) <b>Obesity - Arteriosclerotic nephritis</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 checked="" type="checkbox"/> NO <input 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>331 X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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>7-20</b> , 19 <b>53</b> , to <b>9-29</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>9-29</b> , 19 <b>53</b> , and that death occurred at <b>10:05P</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Harold J. Brennan M.D.</b>			23b. ADDRESS <b>St. Joseph, Mo.</b>		23c. DATE SIGNED <b>9-30-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 2, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Auburn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>
DATE REC'D BY LOCAL REG. <b>Oct 5, 1953</b>		REGISTRAR'S SIGNATURE <b>Ruth M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stacey Turner Home</b>	
				ADDRESS <b>St. Joseph, Mo.</b>	

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

**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

*Charles E. Bennett*

Signed.....

Student Embalmer

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph 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.**