

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36442

State File No. ....

FILED NOV 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3080</u>		Registrar's No. <u>127</u>		
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>				
b. CITY OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>		c. CITY OR TOWN <u>Child</u>		0590 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe Hospital</u>				d. STREET ADDRESS (If rural, give location) <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or Print) <u>George</u>		a. (First)		b. (Middle) <u>Rollins</u>		c. (Last) <u>Boorn</u>		
4. DATE OF DEATH		Month <u>November</u>		Day <u>5</u>		Year <u>1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 29 1881</u>		
9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>7</u>		11. DAYS <u>6</u>		12. HOURS <u>1</u> MIN. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Livingston County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>C.N. Boorn</u>			13b. MOTHER'S MAIDEN NAME <u>Bell Jenkins</u>			14. NAME OF HUSBAND OR WIFE <u>Bessie Leone Boorn</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie L. Boorn</u>		ADDRESS <u>Childa</u>		
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) <u>Chronic Glomerulonephritis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute Nephritis</u>					1 yr	
		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 <u>592X</u>					20. AUTOPSY? YES <input 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)				
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 <u>1946</u> , 19 <u>  </u> , to <u>5 Nov, 1953</u> , that I last saw the deceased alive on <u>5 Nov, 1953</u> and that death occurred at <u>12:00 m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>V.W. Ventura MD</u> (Degree or title)				23b. ADDRESS <u>Chillicothe Mo</u>		23c. DATE SIGNED <u>5 Nov 1953</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/7/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Plainview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Childa Mo</u>		
DATE REC'D BY LOCAL REG. <u>11-5-53</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E.J. Robertson</u>		ADDRESS <u>Funeral Home Childa Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

*J. M. Robertson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4388

P. O. Address Laredo, 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.