

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **39551**

ILLU NOV 23 1953

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 835

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| 1. PLACE OF DEATH a. COUNTY <u>Knox</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Knox</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u> | |
| c. LENGTH OF STAY (in this place) <u>6 wks</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital & Clinic</u> | | | |

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|-------------------------------------|------------------------------|-------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Eliza Jane</u> | b. (Middle) <u>Jane</u> | c. (Last) <u>Borron</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 14, 1953</u> |
|-------------------------------------|------------------------------|-------------------------|-------------------------|---|

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|-----------------|---------------------------|---|---------------------------------------|---|-----------------------|---------------------|----------------------|----------------------|
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>June 13, 1868</u> | 9. AGE (In years last birthday) <u>85</u> | # UNDER 1 YEAR Months | # UNDER 1 YEAR Days | # UNDER 1 YEAR Hours | # UNDER 1 YEAR Mins. |
|-----------------|---------------------------|---|---------------------------------------|---|-----------------------|---------------------|----------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>--</u> | 11. BIRTHPLACE (State or foreign country) <u>0</u> <u>Macon County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Elisha Ford</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Jane Chapman</u> | 14. NAME OF HUSBAND OR WIFE <u>Timothy Borron</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eula Harrison</u> | ADDRESS <u>Edina, Mo</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inanition and debilitation c decubitus</u> | | <u>2 mo.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Purulent Urinary cystitis</u> DUE TO (c) <u>Fractured pelvis (accidental) fall</u> | | <u>3 mo.</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | <u>4 mo.</u> |

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| 19a. DATE OF OPERATION <u>none</u> | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) <u>05-2</u> (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 8 1953</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>fell while enroute to bathroom</u> |
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22. I hereby certify that I attended the deceased from February, 1952, to Nov. 14, 1953, that I last saw the deceased alive on Nov. 14, 1953, and that death occurred at 8:43A m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>William F. Fritzel, D.O. #9195</u> (Degree or title) | 23b. ADDRESS <u>Edina, Missouri</u> | 23c. DATE SIGNED <u>11/14/53</u> |
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|---|-------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>Nov 16, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood cemetary</u> | 24d. LOCATION (City, town, or county) (State) <u>Clarence, Missouri</u> |
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|---|--|---|
| DATE REC'D BY LOCAL REG. <u>Nov-16-53</u> | REGISTRAR'S SIGNATURE <u>Helle S. Hunolt</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. G. Pinner</u> ADDRESS <u>Edina, Mo</u> |
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Mrs. J. W. Hudson*

Licensed Embalmer No. *2972*

P. O. Address *Edison Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.