

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

State File No. **2438**

BIRTH NO. **FILED JAN 26 1954** REG. DIST. NO. **298** PRIMARY REG. DIST. NO. **4448** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lawson		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lawson	
c. LENGTH OF STAY (In this place) 4 yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) SULIA ANN BORGMIER			4. DATE OF DEATH (Month) (Day) (Year) Jan 17 54		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct. 24 1867		9. AGE (In years last birthday) 86		if UNDER 1 YEAR: Months 3 Days 23 if UNDER 24 Hrs. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Blue Springs Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME James A. Bridges		13b. MOTHER'S MAIDEN NAME Arnilda Jane Harris		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Sylvia Rain Lawson Mo	
(If yes, give war or date of service)				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
<p><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis & Failure		2 yrs		
		ANTECEDENT CAUSES				
		<p>Abhorrid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p>				
		DUE TO (b) Carcinoma of duodenum		10 yrs?		
		DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS*				
		<p><i>Conditions contributing to the death but not related to the disease or condition causing death.</i></p>				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) (STATE) Lawson Ray Mo	
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 **1940**, to **Jan 17, 1954**, that I last saw the deceased alive on **Jan 17, 1954**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Detros Bucher MD (Degree or title)		23b. ADDRESS Lawson Mo		23c. DATE SIGNED 1/17/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-20-54		24c. NAME OF CEMETERY OR CREMATORY Lawson Cemetery	
				24d. LOCATION (City, town, or county) (State) Lawson Mo	

DATE REC'D BY LOCAL REG. Jan 19 1954		REGISTRAR'S SIGNATURE Mrs Raymond Groe		25. FUNERAL DIRECTOR'S SIGNATURE Jarman-Pritchard	
				ADDRESS Lawson Mo	

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

No. 300
10-48
890
1

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 *Lance K. Jarman*

Licensed Embalmer No. *4589*

P. O. Address *Excelsior Springs, 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.