

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11110

State File No.

FILED MAY 5 1954

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give town) Vandallia		c. CITY (If outside corporate limits, write RURAL and give township) Rural RFD # 3	
c. LENGTH OF STAY (In place) 5 da.		d. STREET ADDRESS (If rural, give location) Bowling Green, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dougherty Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) _____ c. (Last) Borntreger			4. DATE OF DEATH (Month) (Day) (Year) April 26 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 17, 1898	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months 2 Days 9
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 (State or foreign country) Hutchison, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Abraham Nisly		13b. MOTHER'S MAIDEN NAME Amanda Mast		14. NAME OF HUSBAND OR WIFE Phineas M. Borntreger	
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 Phineas Borntreger, Bowling Green, Mo.	

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		INTERVAL BETWEEN ONSET AND DEATH 5 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 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 4-21, 1954, to 4-24, 1954, that I last saw the deceased alive on 4/24, 1954, and that death occurred at 1:20 a. m., from the causes and on the date stated above.

23a. SIGNATURE J. R. Dougherty (Degree or title)		23b. ADDRESS Vandallia, Mo.		23c. DATE SIGNED 4-27-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 27 54		24c. NAME OF CEMETERY OR CREMATORY Amish Cemetery	
24d. LOCATION (City, town, or county) (State) RFD Bowling Green, Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE Sam Schwartz			

DATE REC'D BY LOCAL REG. April 30 1954		REGISTRAR'S SIGNATURE Mallice Figueroa		25. FUNERAL DIRECTOR'S SIGNATURE Sam Schwartz	
				ADDRESS Bowling Green MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

300
40

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.

Not Embalmed

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.