

FILED AUG 4 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5184
State File No. 22367
Registrar's No. 59

BIRTH NO.		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 6296		Registrar's No. 59	
1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>				2. USUAL RESIDENCE (Where deceased lived) (If institution: residence before death) a. STATE <i>Missouri</i> b. COUNTY <i>Cape Girardeau</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Burfordville</i>		c. LENGTH OF STAY (in this place) <i>4 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Burfordville</i>		d. STREET ADDRESS (If rural, give location) <i>0160</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Winkenden Township</i>				d. STREET ADDRESS (If rural, give location) <i>0</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>JOHN</i> b. (Middle) <i>THOMAS</i> c. (Last) <i>BORSENBERGER</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>July 8, 1954</i>				
5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>		8. DATE OF BIRTH <i>Feb 27, 1868</i>	
9. AGE (in years last birthday) Months Days Hours Min. <i>86</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Tell City Ind</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Peter Borsenberger</i>		13b. MOTHER'S MAIDEN NAME <i>Kathryn Miller</i>		14. NAME OF HUSBAND OR WIFE <i>Anna Keel</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no none</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Carl Borsenberger Lancaster, Pa.</i>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myo Carditis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Over Exertion</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>V</i>				INTERVAL BETWEEN ONSET AND DEATH <i>Heart Murmur</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4222</i>				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 <i>July 6, 1954</i> , to <i>July 8, 1954</i> , that I last saw the deceased alive on <i>July 8, 1954</i> , and that death occurred at <i>7:30 p.m.</i> (from the causes and on the date stated above).							
23a. SIGNATURE (Degree or title) <i>D. L. Christy M.D.</i>				23b. ADDRESS <i>Jackson Mo</i>		23c. DATE SIGNED <i>7-26-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>July 11-1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Russell Heights</i>		24d. LOCATION (City, town, or county) (State) <i>Jackson Mo.</i>	
DATE REC'D BY LOCAL REG. <i>July 27-54</i>		REGISTRAR'S SIGNATURE <i>J. G. Linder 43-1</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Miller</i>		ADDRESS <i>Jackson Mo.</i>	

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 G. C. Craun.....

Licensed Embalmer No. 4327.....

P. O. Address Jackson, Tenn......

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.