

FILED DEC 13 1954

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38236**

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 432

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: evidence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>Royal Hotel</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Bernard John</u> c. (Last) <u>Borgmeyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2 1954</u>	
--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>July 24 1898</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	--------------------------------------	---	-----------------------------------	-----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Casing liquor store</u>	11. BIRTH PLACE (State or foreign country) <u>St Charles Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
--	--	---	---

13a. FATHER'S NAME <u>John Borgmeyer</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Mary Boeding</u>	14. NAME OF HUSBAND OR WIFE _____
--	--	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>yes World war 1</u>	16. SOCIAL SECURITY NO. <u>496-16-7741</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. John D. Borgmeyer</u>	ADDRESS <u>St Charles</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Embarrassment, ending with Respiratory Paralysis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>Cerebral Hemorrhage (Severe)</u>		<u>39 hrs.</u>
DUE TO (c) _____			
11. OTHER SIGNIFICANT CONDITIONS <u>Hypertension</u> <u>Arterio-Sclerosis</u>			<u>?</u> <u>?</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) <u>331 X</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 11-30-54, 1954, to 12-2-, 1954, that I last saw the deceased alive on 12-1-, 1954, and that death occurred at 7:10A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas B. Long</u> (Degree or title) _____	23b. ADDRESS <u>M.D. Sedalia, Missouri</u>	23c. DATE SIGNED <u>12-4-54</u>
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-3-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>12-6-54</u>	REGISTRAR'S SIGNATURE <u>Leuna Coates, Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Laughlin Bros</u> ADDRESS <u>Sedalia</u>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 13 1934

DEC 22 1934

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.....

K. P. M. Crary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.