

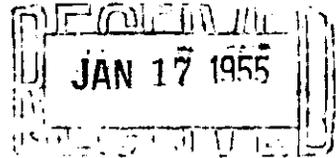
FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1527

|   |  |  |  |  |  |  |  |   |  |
|---|--|--|--|--|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 144   |  | PRIMARY REG. DIST. NO. 3032  |  | Registrar's No. 7  |  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Johnson</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> , b. COUNTY <u>Johnson</u>                         |  |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Warrensburg, /</u>   |  | c. LENGTH OF STAY (In this place)<br><u>21 years</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Warrensburg,</u>  |  | 0512   |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 410 E. North St.</u>  |  |  |  | d. STREET ADDRESS (If rural, give location)<br><u>410 East North St.</u>   |  |  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>LYDIA ELIZABETH BORGSTADT</u>   |  |  | a. (First)   |  |  | b. (Middle)  |  |   |  |
| c. (Last)   |  |  | 4. DATE OF DEATH <u>January 10th, 1955</u>   |  |  | 5. SEX <u>Female</u>   |  |   |  |
| 6. COLOR OR RACE <u>White</u>   |  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  |  |  | 8. DATE OF BIRTH <u>June 22, 1872</u>  |  |   |  |
| 9. AGE (In years last birthday) <u>82</u>   |  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>housewife</u> |  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Concordia, Missouri 0</u>         |  |   |  |
| 10a. USUAL OCCUPATION   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>home</u>   |  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |  |   |  |
| 13a. FATHER'S NAME<br><u>Fredrick Stosberger,</u>   |  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Schloeman</u>   |  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Herman Borgstadt</u>                                     |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |  |  | 16. SOCIAL SECURITY NO.<br><u>none</u>   |  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mr. Herman Borgstadt, Warrensburg, Mo.</u> |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  |  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arteriosclerosis</u>  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 months</u> |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____   |  |  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Fracture of Neck femur</u> |  |  |  |   |  |
| 19a. DATE OF OPERATION  |  |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>4500 F</u>  |  |  | 20. AUTOPSY?<br>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) (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 <u>9-4</u> , 19 <u>54</u> to <u>I-10-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>I-10-</u> , 19 <u>55</u> , and that death occurred at <u>9:00A</u> m., from the causes and on the date stated above. |  |  |  |  |  |  |  |   |  |
| 23a. SIGNATURE <u>Whe Cooper</u> (Degree or title) <u>M.D.</u>  |  |  |  | 23b. ADDRESS <u>Warrensburg, Missouri</u>  |  | 23c. DATE SIGNED <u>I-II-1955</u>  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>I-12-55</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Concordia Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Concordia, Missouri</u>                   |  |   |  |
| DATE RECD BY LOCAL REG. <u>Jan. 11, 1955</u>  |  | REGISTRAR'S SIGNATURE <u>Savannah Critefield</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>R.A. Brauninger</u>  |  | ADDRESS <u>Warrensburg, Mo.</u>  |  |   |  |

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



JOHNSON COUNTY HEALTH DEPT.

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed R. A. Bauninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.