

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4275

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, with BURIAL and give township) OR TOWN <u>Jefferson City Mo.</u>		c. CITY OR TOWN <u>Westphalia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>4 mo.</u>		e. STREET ADDRESS (If rural, give location) <u>0760</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			
3. NAME OF DECEASED a. (First) <u>REGINA</u> b. (Middle) <u>BERHORST</u> c. (Last) <u>BERHORST</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16, 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>Nov. 1, 1904</u>
9. AGE (In years last birthday) <u>50</u> 3 Months <u>3</u> 15 Days <u>15</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Westphalia, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Borgman</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Hoe</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Behorst</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Behorst</u> ADDRESS <u>Westphalia</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carotinitis Generalized</u> ANTECEDENT CAUSES <u>Multiple perforations of colon</u> <u>Tuberculating ulcerative colitis</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>2-16-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>as above</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <u>5722</u>
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)		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>Jan 19, 1955</u> to <u>Feb 16, 1955</u> , that I last saw the deceased alive on <u>Feb 15, 1955</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. A. Osmond</u> (Degree or title) <u>MO</u>		23b. ADDRESS <u>Jeff. City Mo</u>	23c. DATE SIGNED <u>2-18-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/19/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph</u>	24d. LOCATION (City, town, or county) (State) <u>Westphalia, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb 25-55</u>	REGISTRAR'S SIGNATURE <u>R. P. Davis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulle</u>	ADDRESS <u>J. C. Mo.</u>

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

APR 23 1957

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..... Signature of Student Embalmer

Signed..... *Sylvester Dulle*

Licensed Embalmer No. 432

P. O. Address *Jefferson*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.