

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5643 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>RURAL FREEDOM</u>		c. LENGTH OF STAY (in this place) <u>14 yrs</u>	c. CITY OR TOWN <u>RURAL</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 MI WEST OF CONCORDIA, MO</u>		f. STREET ADDRESS (If rural, give location) <u>3 1/2 MI WEST OF CONCORDIA, MO</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>W.</u> c. (Last) <u>BORGSTADT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 20, 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APRIL 21, 1870</u>
9. AGE (In years last birthday) <u>84</u>		if UNDER 1 YEAR Months _____ Days _____	if UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>JOHNSON County, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>HEITMAN</u>	
13b. MOTHER'S MAIDEN NAME <u>BORGSTADT</u>		13c. MOTHER'S MAIDEN NAME <u>MARY GIESELMAN</u>	
14. NAME OF HUSBAND OR WIFE <u>JOSEPH BORGSTADT</u>		14. NAME OF HUSBAND OR WIFE <u>DEWESE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CLIFTON BORGSTADT</u> ADDRESS <u>CONCORDIA, MO</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary atherosclerosis with myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary atherosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of stomach</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>Several yrs</u> <u>6 mos</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201 H</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) (Minute)	
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>June 8, 1948</u> , to <u>Apr. 20, 1955</u> , that I last saw the deceased alive on <u>Apr. 20, 1955</u> , and that death occurred at <u>5:30 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. Brady, M.D.</u> (Degree or title)		23b. ADDRESS <u>Concordia, Mo</u>	
23c. DATE SIGNED <u>4/21/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>4/24/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BAPTIST</u>	
24d. LOCATION (City, town, or county) (State) <u>CONCORDIA MO</u>		DATE REC'D BY LOCAL REG. <u>April 21-55</u>	
REGISTRAR'S SIGNATURE <u>Clayton St Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. James</u> ADDRESS <u>Concordia Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

FILED MAY 9 1955

6.300  
0.48  
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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.....  
Signature of Student Embalmer

Signed E. L. James.....

Licensed Embalmer No. 205.....

P. O. Address London.....

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.