

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2307**

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **4409** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY OR TOWN Newburg		c. CITY OR TOWN Newburg	
c. LENGTH OF STAY (in this place) 50 yrs		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)	a. (First) NEWTON	b. (Middle) ADDISON	c. (Last) BORDERS	4. DATE OF DEATH (Month) (Day) (Year) Jan 23 1956
-------------------------------------	--------------------------	----------------------------	--------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 19-1878	9. AGE (in years last birthday) 77	IF UNDER 1 YEAR Days 7	IF UNDER 24 HRS. Hours 4 Min.
--------------------	-------------------------------	---	--------------------------------------	---	-------------------------------	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) Retired R.R. Coal Shute Foreman	10b. KIND OF BUSINESS OR INDUSTRY Shute Foreman	11. BIRTHPLACE (City and State or Foreign Country) Drew County Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	--

13a. FATHER'S NAME Walsh Borders	13b. MOTHER'S MAIDEN NAME Nancy Usher	14. NAME OF HUSBAND OR WIFE Memoria Borders (Deceased)
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 078-05-1120	17. INFORMANT'S SIGNATURE OR NAME John Borders ADDRESS Newburg Mo
--	--	---

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia + emphysema		3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, arteriosclerosis + nephritis DUE TO (c) Paralysis of legs due to cerebral hemorrhage 4 yrs. ago		6 yrs -

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)
--	--	---

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 **April 16, 1950**, to **Jan 23, 1956**, that I last saw the deceased alive on **Jan 23, 1956**, and that death occurred at **4:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard E. Myers D.O.	23b. ADDRESS Newburg, Mo	23c. DATE SIGNED Jan 24 56
---	---------------------------------	-----------------------------------

24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	24b. DATE Jan 25-1956	24c. NAME OF CEMETERY OR CREMATORY Newburg	24d. LOCATION (City, town, or county) (State) Newburg Mo
--	------------------------------	---	---

DATE REC'D BY LOCAL REG. Jan 25, 1956	REGISTRAR'S SIGNATURE Nadine L. Stoll	FUNERAL DIRECTOR'S SIGNATURE Les Johnson ADDRESS Newburg Mo
--	--	---

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

RECEIVED

Phelps County Health Officer,

County File Number 213/56

Date Filed 213

APR 2 1956

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..... *Lee Johnson*
Licensed Embalmer No. 339

P. O. Address *Newburg*

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.