

FILED NOV 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 333324

BIRTH NO.		REG. DIST. NO. 50		PRIMARY REG. DIST. NO. 5179		Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY Camden				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Camden			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Osage Beach, Mo		c. LENGTH OF STAY (in this place) 9 yrs		c. CITY OR TOWN Osage Beach, Mo		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION. None.				e. STREET ADDRESS (If rural, give location) None.			
3. NAME OF DECEASED (Type or Print) a. (First) Ernest		b. (Middle) L.		c. (Last) Borch		4. DATE OF DEATH (Month) (Day) (Year) 11 8, 1956	
5. SEX Male		6. COLOR OR RACE White.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.		8. DATE OF BIRTH Feb. 14, 1894	
9. AGE (in years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Resort Owner.		10b. KIND OF BUSINESS OR INDUSTRY None.		11. BIRTHPLACE (City and State or Foreign Country) Chicago, Ill.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ernest W. Borch		13b. MOTHER'S MAIDEN NAME Johanna Saffron		14. NAME OF HUSBAND OR WIFE Gladys Borch.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) No.		16. SOCIAL SECURITY NO. 312-05-4465		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gladys Borch Osage Beach, Missouri			
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) Coronary Occlusion				INTERVAL BETWEEN DEATH AND SET	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from alive on _____, 19____, and that death occurred at 3:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE E. G. Claiborn		(Degree or title) M.D.		23b. ADDRESS Camden, Mo.		23c. DATE SIGNED 11/9/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/10/56		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		24d. LOCATION (City, town, or county) (State) Hammond, Indiana.	
DATE REC'D BY LOCAL REG. Nov. 9-1956		REGISTRAR'S SIGNATURE Zilpha J. Jraw		25. FUNERAL DIRECTOR'S LOCAL ADDRESS Hedges Funeral Home Inc. Camdenton, Mo.			

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

(Licensed Embalmer's Statement on Reverse Side)

1253
1931

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..... *Clarence E. Moss*

Licensed Embalmer No. 4896

P. O. Address Waynesville, MI

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.