

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019070
State File No.

FILED MAY 19 1958

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 30

2690

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

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>PARIS</u>	c. LENGTH OF STAY (In this place) <u>16 DAYS</u>	c. CITY OR TOWN <u>PARIS</u> 069/8	d. Is 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 <u>148 BODIKE ST.</u>		e. STREET ADDRESS (If rural, give location) <u>S. WASHINGTON ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>HOMER</u> c. (Last) <u>BORDEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 10, 1958</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>JAN. 21, 1886</u>	9. AGE (In years last birthday) <u>72</u> 3 10 If UNDER 1 YEAR: Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE CO., MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>BRADFORD BORDEN</u>	13b. MOTHER'S MAIDEN NAME <u>DRUCILLA DONKLOSON</u>	14. NAME OF HUSBAND OR WIFE <u>MYRTLE C. BORDEN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>487-28-1470</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. NOLAND K. DEAYER, PARIS, MO.</u>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4201</u>
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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?
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22. I hereby certify that I attended the deceased from April 1958 to MAY 10, 1958, that I last saw the deceased alive on MAY 10, 1958, and that death occurred at 9:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Mrs. W. Deayer</u>	(Degree or title) <u>M. D.</u>	23b. ADDRESS <u>PARIS, MO.</u>	23c. DATE SIGNED <u>5-12-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-12-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>PARIS, MO.</u>
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DATE REC'D BY LOCAL REG. <u>5-12-58</u>	REGISTRAR'S SIGNATURE <u>F. A. Barnet M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed + Blakey</u>	ADDRESS <u>PARIS, MISSOURI</u>
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35-C

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..... *Ch. Agnew*

Licensed Embalmer No. 4000

PARIS, MISSOURI

P. O. Address.....

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.