

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004136
STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 337 Primary Registration District No. 6140 Registrar's No. 7

300
-57

1. PLACE OF DEATH a. COUNTY <u>SHELBY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SHELBY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAY TOWNSHIP</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>CLARENCE MO</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RFD 2, CLARENCE</u> Length of stay in lb <u>7 MONTHS</u>		d. STREET ADDRESS (If outside, give location) <u>RFD 2,</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>ALTON J. BORNTRAGER</u>			4. DATE OF DEATH Month Day Year <u>JAN 9 1959</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 26, 1954</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BADY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BADY</u>	11. BIRTHPLACE (City and state or country) <u>SHELBY COUNTY MO</u>
13a. FATHER'S NAME <u>JOHN M. BORNTRAGER</u>		13b. MOTHER'S MAIDEN NAME <u>LYDIA VODER</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT Address <u>JOHN BORNTRAGER CLARENCE MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Strangulation</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Instantly</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			<u>4240</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Baby suffocated under bed linen,</u>		
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>while asleep.</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	20f. CITY, TOWN, OR LOCATION _____	COUNTY _____	STATE _____
21. I attended the deceased from <u>May 26, 1958</u> to <u>Jan 9, 1959</u> and last saw ^{her} him alive on <u>Jan 7, 1959</u> Death occurred at <u>130 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Alan R. Hall, D.O.</u>		22b. ADDRESS <u>Clarence, Mo</u>	22c. DATE SIGNED <u>1-9-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>1-11-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>AMISH-MENNONITE CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>MACON COUNTY MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>BRENING CLARENCE MO</u>		25. DATE RECD. BY LOCAL REG. <u>1-9-1959</u>	26. REGISTRAR'S SIGNATURE <u>Ada Garrison</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Who Not Embalmed* Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Charles V. Greening*

Licensed Embalmer No. *4625*

P. O. Address *Clarence W*

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.