

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-0100384
STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 176 Primary Registration District No. 3-6-5-4 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Miller Lincoln</u>		c. CITY OR TOWN <u>Miller</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <u>50 yrs.</u>		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>C.</u> Last <u>Borman</u>		4. DATE OF DEATH Month <u>3</u> Day <u>28</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>8-30-1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>84</u>
11. BIRTHPLACE (City and state or country) <u>Barry Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Elisah Borman</u>		13b. MOTHER'S MAIDEN NAME <u>Jo Anna Neib</u>	
14. NAME OF HUSBAND OR WIFE <u>Florence Borman</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>None</u>		17. INFORMANT Address <u>Mrs. Florence Borman Miller 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>Valvular disease of heart</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>4214</u>
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>2:30</u> a.m. <u>p.m.</u> Month, Day, Year		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>(3-7)</u>		20f. CITY, TOWN, OR LOCATION <u>Miller Mo.</u>	
21. I attended the deceased from Death occurred at <u>2:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from Death occurred at <u>2:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>W. S. Borman</u>		22b. ADDRESS <u>Miller Mo.</u>	
22c. DATE SIGNED <u>3-29-59</u>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REPOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-30-1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Pheasant Grove</u>		23d. LOCATION (City, town, or county) (State) <u>S. 7 Miller Mo.</u>	
24. FUNERAL DIRECTOR <u>Morris Lerman Miller Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-30-59</u>	
26. REGISTRAR'S SIGNATURE <u>W. S. Borman</u>		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, & Welfare Public Service
300
1-57
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~~, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *L. P. Feiman*

Licensed Embalmer No. *3297*
P. O. Address *Miller Mo*

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.