ept. Health,
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Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020354
STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY Bates
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Butler — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 400 N Deleware — Length of stay in 1b 6 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Boonville — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS RFD (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Frank Middle Henry Last Bornhauser
4. DATE OF DEATH Month June Day 24 Year 1959
5. SEX Male
6. COLOR OR RACE white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH Aug 27 1884
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (City and state or country) Copper Co Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Bernard Bornhauser
13b. MOTHER'S MAIDEN NAME Catherine Schaaf
14. NAME OF HUSBAND OR WIFE Nelle Louise Bornhauser
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.
17. INFORMANT Mrs. Margaret Solomon Address Butler Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Occlusion
DUE TO (c) Heart Block 4201
INTERVAL BETWEEN ONSET AND DEATH: Sudden
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Mild attack in Colorado a month ago.
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No
20f. CITY, TOWN, OR LOCATION COUNTY STATE Died before I arrived
21. I attended the deceased from No, to No and last saw her/him alive on 6/24/59
Death occurred at 7:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Carter W. Luter MD
22b. ADDRESS Butler Mo
22c. DATE SIGNED 6/26/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6/28/59
23c. NAME OF CEMETERY OR CREMATORY Walnut Grove
23d. LOCATION (City, town, or county) (State) Boonville Mo
24. FUNERAL DIRECTOR ADDRESS Goodman and Boller-Boonville Mo
25. DATE RECD. BY LOCAL REG. June 26-59
26. REGISTRAR'S SIGNATURE Kendall Kersey

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

17-0

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 Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, 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.