

pt. Health,
, & Welfare
S. Public
th Service

FILED VS AUG 24 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-029840

STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 5790 Registrar's No. 28

S. 300
v. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE CALIFORNIA COUNTY ...	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marion Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Paramount
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 miles east of Madison, Mo.		Length of stay in lb 30 min.	d. STREET ADDRESS (If outside, give location) 8400 S
3. NAME OF DECEASED (Type or print) First LESLIE Middle Arthur Last BORINSTEIN			4. DATE OF DEATH Month Aug. Day 18 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 19, 1895
9. AGE (In years (last birthday) Months Days Hours Min. 63)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician	
10b. KIND OF BUSINESS OR INDUSTRY Naval Electrician		11. BIRTHPLACE (City and state or country) Indianapolis, Ind.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Nellie Borinstein	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 562-18-5896	
17. INFORMANT Charles Craft		Address Topeka, Kansas	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head & Chest Injury Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Automobile Accident DUE TO (c) _____ 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 30 min
19. WAS AUTOPSY PERFORMED? YES		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.) Head & Chest Injury of Two Automobiles		20c. TIME OF INJURY Hour _____ Month Aug. Day 18 Year 1959 a.m. 10:15 p.m. _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 24	
20f. CITY, TOWN, OR LOCATION Marion Township		COUNTY MONROE STATE MO	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Russell M. Wilson Coroner		22b. ADDRESS Monroe City Mo	
22c. DATE SIGNED Aug 18 59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 8-19-1959		23c. NAME OF CEMETERY OR CREMATORY Fairmount Cem.	
23d. LOCATION (City, town, or county) Blue Rapids,		STATE Kans-	
24. FUNERAL DIRECTOR Thompson, Mueller		ADDRESS Madison, Mo.	
25. DATE RECD. BY LOCAL REG. 8-19-1959		26. REGISTRAR'S SIGNATURE Elmer Robertson Miller	

1710

SEP 23 1959

NOV 7 1959

FEB 15 1960

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 *Joseph P. Mackler*

Licensed Embalmer No. *4571*
P. O. Address *Madison*

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.

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