

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-019910**

**FILED VS MAY 25 1960**

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STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>JOHNSON</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>JOHNSON</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN<br><b>GROVER TWP</b>                           |  | Length of stay in 1b<br><b>48 YRS</b>  | c. CITY OR TOWN<br><b>CONCORDIA</b>                                  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION<br><b>4 1/2 MI STE CONCORDIA, MO</b> |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>4 1/2 MI STE</b> |

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|---|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>EMIL OSCAR BORGSTADT</b> |  |  | 4. DATE OF DEATH<br>Month Day Year<br><b>MAY 14 1960</b> |  |  |  |
|---|--|--|--|--|--|--|

|                       |                                  |   |  |                                     |   |                              |
|-----------------------|----------------------------------|---|--|-------------------------------------|---|------------------------------|
| 5. SEX<br><b>MALE</b> | 6. COLOR OR RACE<br><b>WHITE</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>SEPT 5 1890</b> | 9. AGE (last birthday)<br><b>69</b> | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HR<br>Hours Min. |
|-----------------------|----------------------------------|---|--|-------------------------------------|---|------------------------------|

|   |   |   |   |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>FARMING</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>GEN FARMING</b> | 11. BIRTHPLACE (City and state or country)<br><b>JOHNSON COUNTY, MO</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A</b> |
|---|---|---|---|

|  |   |  |
|--|---|--|
| 13a. FATHER'S NAME<br><b>JOSEPH H. BORGSTADT</b> | 13b. MOTHER'S MAIDEN NAME<br><b>FRIGADRENA LEAS</b> | 14. NAME OF HUSBAND OR WIFE<br><b>MRS. ELVA E. BORGSTADT</b> |
|--|---|--|

|   |   |   |                                 |
|---|---|---|---------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b> | 16. SOCIAL SECURITY NO.<br><b>H90-42-5164</b> | 17. INFORMANT<br><b>RALPH BORGSTADT</b> | Address<br><b>CONCORDIA, MO</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Concussion of prostate with generalized metastases</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>8 yrs</b>   |
| DUE TO (b) _____  |  |  |
| DUE TO (c) _____  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|   |   |  |
|---|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input 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.) |
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|   |  |  |  |
|---|--|--|--|
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year | 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<br>COUNTY STATE |
|---|--|--|--|

21. I attended the deceased from **Oct 25, 1948** to **May 14, 1960** and last saw him alive on **May 14, 1960**  
Death occurred at **4:02 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                                     |                                    |
|--|-------------------------------------|------------------------------------|
| 22a. SIGNATURE<br><b>[Signature]</b> (Degree or title) | 22b. ADDRESS<br><b>Concordia Mo</b> | 22c. DATE SIGNED<br><b>5/16/60</b> |
|--|-------------------------------------|------------------------------------|

|  |                             |   |  |
|--|-----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 23b. DATE<br><b>5/17/60</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>BAPTIST CEMETERY</b> | 23d. LOCATION (City, town, or county) (State)<br><b>CONCORDIA MO</b> |
|--|-----------------------------|---|--|

|  |                                 |   |  |
|--|---------------------------------|---|--|
| 24. FUNERAL DIRECTOR<br><b>E. S. James</b> | ADDRESS<br><b>Concordia, Mo</b> | 25. DATE RECD. BY LOCAL REG.<br><b>May 18, 1960</b> | 26. REGISTRAR'S SIGNATURE<br><b>Leticia Jordan</b> |
|--|---------------------------------|---|--|

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by me \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed E. S. James \_\_\_\_\_

Licensed Embalmer No. 2058

P. O. Address Concordia

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.