RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-042771

VS NOV 30 1960

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. _____ Registrar's No. 178

NDED

1. PLACE OF DEATH
a. COUNTY Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN La Plata Twp — Length of stay in 1b: 17 Yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1½ Mi S.E. La Plata — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri — COUNTY Macon
c. CITY OR TOWN La Plata — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 1½ Mi. S.E. La Plata — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First MICHIEL — Middle ELLIOTT — Last BORRON

4. DATE OF DEATH: Month Nov — Day 4, — Year 1960

5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-4-75
9. AGE (last birthday): 85
IF UNDER 1 YEAR: Months 10 — Days ---
IF UNDER 24 HR: Hours ---- — Min. --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: same
11. BIRTHPLACE (City and state or country): New Boston, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Arthur Borron
13b. MOTHER'S MAIDEN NAME: Catherine Silvers
14. NAME OF HUSBAND OR WIFE: Anna Borron

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.: 492-42-5359
17. INFORMANT: Mrs Anna Borron, Address: La Plata, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 11-4-60 to 11-4-60, to _____ and last saw ~~him~~ him alive on 11-4-60
Death occurred at 1 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold D. Pohl D.O.
22b. ADDRESS: La Plata, Missouri
22c. DATE SIGNED: 11-4-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-7-60
23c. NAME OF CEMETERY OR CREMATORY: Helton Cemetery
23d. LOCATION (City, town, or county) (State): Macon County, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Wilson Funeral Home, La Plata, Mo.
25. DATE RECD. BY LOCAL REG.: 11-15-60
26. REGISTRAR'S SIGNATURE: Ruth McNeely

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Kenneth M. Wilson

Signature of Student Embalmer

Licensed Embalmer No. 4701

P. O. Address La Plata

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.