SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61=020861
STATE FILE NUMBER

AMENDED

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 158

FILED JUN 26 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: WASHINGTON — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. FRANCIS HOSP. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: FRANKLIN
c. CITY OR TOWN: BEAUFORT — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): R.R. # 1 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: PETER Middle: JOE Last: BORGMANN

4. DATE OF DEATH: Month: JUNE Day: 19 Year: 1961

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: JUNE 18, 1961

9. AGE (last birthday): —
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: 7 Min.: 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (City and state or country): WASHINGTON, MO.

12. CITIZEN OF WHAT COUNTRY: ULS.A.

13a. FATHER'S NAME: CHARLES BORGMANN

13b. MOTHER'S MAIDEN NAME: EILEEN BADE

14. NAME OF HUSBAND OR WIFE: X

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.: NONE

17. INFORMANT: CHARLES BORGMANN Address: R.R. # 1 BEAUFORT, 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): Pulmonary Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 7½ hrs.
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 June 19, 1961, to June 19, 1961 and last saw her/him alive on June 19, 1961
Death occurred at 8:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B. H. Stuhlman M.D.

22b. ADDRESS: Union Mo

22c. DATE SIGNED: 6-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: JUNE 20, 1961

23c. NAME OF CEMETERY OR CREMATORY: ST. JORDANS E & R CEM.

23d. LOCATION (City, town, or county) (State): JEFFRIESBURG, MO.

24. FUNERAL DIRECTOR ADDRESS: OLTMANN FUNERAL HOME UNION, MO.

25. DATE REC'D BY LOCAL REG.: 6/20/61

26. REGISTRAR'S SIGNATURE: Leola P. Stuhlmann

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph Ottmann

Licensed Embalmer No. 4808

P. O. Address Union, 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.