

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED OCT 31 1961

-61-039934

STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. 367 Registrar's No. 6236

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Warren</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Charrette Township</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>		c. CITY OR TOWN <u>Charrette Township</u>	
Length of stay in 1b <u>69 years</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1/2 mile South Holstein, Mo.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>George</u>		Middle <u>Joseph</u>		Last <u>Borges</u>		Month <u>October</u> Day <u>21</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/11/1892</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR	IF UNDER 24 HR.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grain Farm</u>		11. BIRTHPLACE (City and state or country) <u>Warren County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Joseph Borges</u>			13b. MOTHER'S MAIDEN NAME <u>Louisa Glosemeyer</u>			14. NAME OF HUSBAND OR WIFE <u>Regina Borges</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				17. INFORMANT Address <u>Regina Borges, Marthasville, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease with articular fibrillation</u>						<u>unknown</u>	
DUE TO (b) <u>Congestive heart failure</u>						"	
DUE TO (c) <u>Diabetes mellitus</u>						"	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)			
20c. TIME OF INJURY Hour a.m. p.m.	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		COUNTY	STATE	
21. I attended the deceased from <u>2-8-61</u> to <u>10-21-61</u> and last saw <u>her</u> alive on <u>10-12-61</u>				Death occurred at <u>12:30 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Paul Hochstetler</u>			22b. ADDRESS <u>Warrenton, Missouri</u>			22c. DATE SIGNED <u>10-23-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 24, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Ignatius Cemetery</u>		23d. LOCATION (City, town, or county) <u>Warren County, Missouri</u>		(State)	
24. FUNERAL DIRECTOR ADDRESS <u>D. F. Lichtenberg, Marthasville, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Oct. 23, 1961</u>		26. REGISTRAR'S SIGNATURE <u>R. C. Johnson</u>		

DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF MEDICAL CERTIFICATION

NOV 2 1961

DEC 8 1961

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 F. Lippert

Licensed Embalmer No. 4318

P. O. Address Marthasville, 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.