

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010680

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDMENTS

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 20 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Jackson Twp		c. CITY OR TOWN Auxvasse	Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Auxvasse Stone & Gravel Co		d. STREET ADDRESS (If outside, give location) P.O. Box 1	Reside on Farm Yes ☐ No ☐
3. NAME OF DECEASED (Type or print) Julius Borders Jr		4. DATE OF DEATH Month March Day 14 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 12/3/1934
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver & Bulldozer operator		10b. KIND OF BUSINESS OR INDUSTRY Kentucky	11. BIRTHPLACE (City and state or country) U.S.A.
13a. FATHER'S NAME Julius Borders Sr.		13b. MOTHER'S MAIDEN NAME Mary Etta Price	14. NAME OF HUSBAND OR WIFE Laura Kathryn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk		16. SOCIAL SECURITY NO. 232-52-9182	17. INFORMANT Mrs. Julius Borders Jr, Auxvasse, 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) Crushed head and crushed thorax			INTERVAL BETWEEN ONSET AND DEATH
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.) Operating bulldozer in tunnels with ceiling of 60 ft or more when portions of ceiling crashed down on him	
20c. TIME OF INJURY Hour 2:45 p.m. Month, Day, Year 3/14/63	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.) Auxvasse Stone & Gravel S. Auxvasse	20f. CITY, TOWN, OR LOCATION Callaway Mo
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at 2:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Daniel C. Browning, Coroner		22b. ADDRESS Fulton, Mo	22c. DATE SIGNED 3/16/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar, 16, 1963	23c. NAME OF CEMETERY OR CREMATORY Auxvasse Cemetery	23d. LOCATION (City, town, or county) (State) Auxvasse Mo
24. FUNERAL DIRECTOR Browning Funeral Home, Fulton, Mo		25. DATE RECD. BY LOCAL REG. March 16-1963	26. REGISTRAR'S SIGNATURE Martha Lawrence

(Licensed Embalmer's Statement on Reverse Side)

MAR 26 1963
APR 1 1963

JUN 4 1963

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 _____

Denzel C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, 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.