

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027103

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

10

Primary Registration District No.

3009

Registrar's No.

184

STATE FILE NUMBER

FILED JUL 29 1963

## 1. PLACE OF DEATH

a. COUNTY

Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Mexico

Length of stay in lb

16 day

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Audrain Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Montgomery

Inside Limits

Yes ☒ No ☐c. CITY  
OR  
TOWN

Wellsville

d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

William

Middle

Henry

Last

Borton

4. DATE  
OF  
DEATH

Month

July

Day

16

Year

1963

## 5. SEX

M

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Jan 23 1877

## 9. AGE (last birthday)

86

## 10. IF UNDER 1 YEAR

Months

Days

## 11. IF UNDER 24 HRS

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Agriculture

11. BIRTHPLACE (City and state or country)

Gamma Mo.

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

John Borton

## 13b. MOTHER'S MAIDEN NAME

Amenda Day

## 14. NAME OF HUSBAND OR WIFE

Neva Mamee

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Ollis Borton Wellsville 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 vas. accident - Heart

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 ☐ Unknown19. 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 - 5-24-63 to 7-16-63 and last saw him alive on 7-16-63  
Death occurred at 7:30 A on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Harold S. Langford M.D.

## 22b. ADDRESS

Indian Trail

## 22c. DATE SIGNED

7-20-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

July 18 '63

## 23c. NAME OF CEMETERY OR CREMATORY

Fairmount Cemetery

## 23d. LOCATION (City, town, or county)

Middletown Mo

## 24. FUNERAL DIRECTOR

ADDRESS

Pritchett - Myers Middletown, Mo

## 25. DATE RECD. BY LOCAL REG.

July 21-1963

## 26. REGISTRAR'S SIGNATURE

Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPERWRITER RIBBON

Harold S. Langford M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**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 Howard J. Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, 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.