

FILED JUN 15 1951

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16434

2224

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Hannas City		c. LENGTH OF STAY (In this place) 1 Day		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Silsbee		8970	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital				d. STREET ADDRESS (If rural, give location) 2 Mi. West of Glasgow			
3. NAME OF DECEASED (Type or Print) a. (First) Julius b. (Middle) Stephens c. (Last) Borges			4. DATE OF DEATH (Month) (Day) (Year) May 22, 1951				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 28, 1893	9. AGE (In years last birthday) 57	10. UNDER 1 YEAR Months	11. UNDER 1 Hrs. Hours	12. UNDER 1 Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Louis Borges Sr.		13b. MOTHER'S MAIDEN NAME Frances Mayer		14. NAME OF HUSBAND OR WIFE Mary L. Borges			
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. None		17. INFORMANT'S SIGNATURE OR NAME Mary L. Borges, Silsbee Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of Aneurysm, Left Internal Carotid Ft., congenital ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 2X 9/27/51	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-21, 1951, to 5-22, 1951, that I last saw the deceased alive on 5-22, 1951, and that death occurred at 1:35 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Donald F. Coburn (Degree or title) Donald F. Coburn M.D.				23b. ADDRESS 411 Nichols Rd. Kc 2 Mo.		23c. DATE SIGNED 5-23-51.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE May 23/51	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Glasgow, Mo.		
DATE REC'D BY LOCAL REG 5-24-51		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Dubou L. Repley ADDRESS Indep 200			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1967 07 10 11

1967 11 10 11

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

working under my personal supervision.

Student Embalmer No.

Signed

Dillon L. Keeley

Signed.....

Student Embalmer

Licensed Embalmer No. *4225*

P. O. Address *Judge rd*

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 this body is not embalmed, fact should be so stated above.