

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. WAKEMAN

20079

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 594

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD	
c. LENGTH OF STAY (in this place) 13 Wks.		d. STREET ADDRESS (If rural, give location) 1075 E. THOMAN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1075 E. THOMAN			

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGE	b. (Middle) G.	c. (Last) BORRELL	4. DATE OF DEATH (Month) (Day) (Year) JUNE 16, 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED	8. DATE OF BIRTH JUNE 10 1888	9. AGE (In years last birthday) 64	If UNDER 1 YEAR Months	If UNDER 1 YEAR Days	If UNDER 1 YEAR Hours	If UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY Varied	11. BIRTHPLACE (City and State or Foreign Country) NEBRASKA /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME CHAS. BORRELL	13b. MOTHER'S MAIDEN NAME ROSA SHARP	14. NAME OF HUSBAND OR WIFE X
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W. # 1	16. SOCIAL SECURITY NO. 506-10-7085	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. LILLIAN BRADLEY SPRINGFIELD, MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Four hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from June 16, 1952 to June 16, 1952, that I last saw the deceased alive on None, 1952, and that death occurred at 4:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Newton Wakeman M.D.	23b. ADDRESS Springfield, Mo	23c. DATE SIGNED 6-17-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE 6/20/52	24c. NAME OF CEMETERY OR CREMATORY UNKNOWN	24d. LOCATION (City, town, or county) (State) HASTINGS, NEB.
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DATE REC'D BY LOCAL REG. 6-18-52	REGISTRAR'S SIGNATURE Edith Williamson Deputy	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. LOHMEYER SPRINGFIELD, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0396
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2551, 6, 1199

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
Student Embalmer

Signed Walter P. Emanuel

Licensed Embalmer No. 3808

P. O. Address Springfield, 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 this body is not embalmed, fact should be so stated above.