

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1827

State File No.

FILED JAN 25 1954

BIRTH NO. _____ REG. DIST. NO. 266 PRIMARY REG. DIST. NO. 5603 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RUFAN GROVER</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RUFAN GROVER TWP0510</u>	
c. LENGTH OF STAY (in this place) <u>65 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>4 Mi. South CONCORDIA, MO</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>4 Mi. South CONCORDIA, MO</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOSEPH</u>	b. (Middle) <u>HERMAN</u>	c. (Last) <u>BORGSTADT</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>JAN 13 1954</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APRIL 22, 1866</u>	9. AGE (In years last birthday) <u>87</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>HERMAN BORGSTADT</u>	13b. MOTHER'S MAIDEN NAME <u>MARY GISELMANN</u>	14. NAME OF HUSBAND OR WIFE DECEASED <u>FREDERICKA BORGSTADT</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>RICHARD R. BORGSTADT</u>	ADDRESS <u>CONCORDIA, MO</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u> <u>several years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage with terminal pneumonia</u>	DUE TO (b) <u>Generalized arteriosclerosis</u>	
	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	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)
<u>331 X</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 May 16, 1949 to Jan 13, 1954, that I last saw the deceased alive on Jan 12, 1954, and that death occurred at 7:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. R. Brady, M.D.</u>	23b. ADDRESS <u>Concordia, Mo</u>	23c. DATE SIGNED <u>1/13/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-16-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BAPTIST CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CONCORDIA, MO</u>
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DATE REC'D BY LOCAL REG. <u>Jan 15-54</u>	REGISTRAR'S SIGNATURE <u>Thomas L. Beatty</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. James</u>	ADDRESS <u>Concordia Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 16 1954
JOHNSON COUNTY HEALTH DEPT.

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

E. L. James

Licensed Embalmer No. 2058

P. O. Address Concordia 7

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.