

STANDARD CERTIFICATE OF DEATH

State File No. **30142**BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **77**

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) Boonville		c. CITY (If outside corporate limits, write RURAL and give township) Glasgow	
c. LENGTH OF STAY (In this place) 2 mo 18 1/2		d. STREET ADDRESS (If rural, give location) 451	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Josephus Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) J. c. (Last) BORGES	4. DATE OF DEATH (Month) (Day) (Year) SEPT 20, 1954
---	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH SEPT 10, 1874	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
--------------------	-------------------------------	---	---------------------------------------	---	---------------------------	-------------------------	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Implement Business & Real Estate	10b. KIND OF BUSINESS OR INDUSTRY Warren County Mo	11. BIRTHPLACE (State or foreign country) U.S.A.	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	---	---	---

13a. FATHER'S NAME Steven Borges	13b. MOTHER'S MAIDEN NAME Frances Springer	14. NAME OF HUSBAND OR WIFE Constance Meyer
---	---	--

15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs Constance Borges	ADDRESS Glasgow
---	-------------------------------	---	------------------------

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 Intertrochanteric fracture of hip, Rt.		INTERVAL BETWEEN ONSET AND DEATH 11 weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) _____		E9040 21
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic heart disease, gen. phlebitis, acute + chronic pyelonephritis, brain atrophy, softening?	DUE TO (c) _____		3 yrs 2 1/2 yrs 4 wks

19a. DATE OF OPERATION July 3, 1954	19b. MAJOR FINDINGS OF OPERATION Intertrochanteric fracture	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	--	--

21a. ACCIDENT SUICIDE HOMICIDE? (Specify) HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Glasgow Howard Mo.
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 1, 1954 9 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall
--	---	--

22. I hereby certify that I attended the deceased from **7/1/54**, 19**54**, to **9/20/54**, 19**54**, that I last saw the deceased alive on **9/17/54**, 19**54**, and that death occurred at **3:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE William M. D. Brownell, M.D.	(Degree or title) M.D.	23b. ADDRESS Washington	23c. DATE SIGNED 9/20/54
--	-------------------------------	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 22, 1954	24c. NAME OF CEMETERY OR CREMATORY Washington	24d. LOCATION (City, town, or county) (State) Glasgow Mo
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. 9/20/54	REGISTRAR'S SIGNATURE W Cooper	25. FUNERAL DIRECTOR'S SIGNATURE Budley-Fleming	ADDRESS Glasgow
---	---------------------------------------	--	------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

001 B

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.....

J. Walker Audsley

Signed.....
Student Embalmer

Licensed Embalmer No. *3336*

P. O. Address *Glasgow*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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