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

FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36963**

BIRTH NO. _____ REG. DIST. NO. **104** PRIMARY REG. DIST. NO. **4176** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MAIDEN		c. CITY OR TOWN MAIDEN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 yr.		e. STREET ADDRESS (If rural, give location) MAIDEN, MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION MAIDEN, MO.			

3. NAME OF DECEASED a. (First) Robert b. (Middle) ROSCOE c. (Last) Borders			4. DATE OF DEATH (Month) (Day) (Year) Nov. 7, 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH April 15, 1885	9. AGE (In years last birthday) 69	10. UNDER 1 YEAR Months - Days -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY LABORER	11. BIRTHPLACE (City and State or Foreign Country) Bellingue Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME David A. Borders	13b. MOTHER'S MAIDEN NAME Sophie A. Virgin	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If in service war or dates of service) none 495-16-5318	17. INFORMANT'S SIGNATURE OR NAME Margaret M. Red, R#2 Advance, Mo.	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES A forbidding conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 **11-7**, 1954, to **11-7**, 1954, that I last saw the deceased alive on **Edmondburg, Mo.**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edmondson M.D.	23b. ADDRESS Malden Missouri	23c. DATE SIGNED 11-10-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-8-54	24c. NAME OF CEMETERY OR CREMATORY Balch Cemetery	24d. LOCATION (City, town, or county) (State) Bellingue Co., Mo.
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DATE REC'D BY LOCAL REG. 11-18-54	REGISTRAR'S SIGNATURE J. S. Khouran	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Morgan	ADDRESS Advance, Mo.
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-23-54

COUNTY FILE NUMBER 1157

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 *William H. Morgan*.....

Licensed Embalmer No. *465*.....

P. O. Address *Advocate*.....

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.