

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8753

State File No. ....

FILED APR 11 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 281

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>	
c. LENGTH OF STAY (In this place) <u>14</u>		d. STREET ADDRESS (If rural, give location) <u>537 So Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		e. FULL NAME OF DECEASED a. (First) <u>Carlos</u> b. (Middle) <u>Borden</u> c. (Last) <u>Western</u>	
3. NAME OF DECEASED (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 27 1955</u>	5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 1 1893</u>	9. AGE (In years last birthday) <u>62</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Linn Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	13a. FATHER'S NAME <u>Charles D. Western</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Kirby</u>
14. NAME OF HUSBAND OR WIFE <u>Lucie Western</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>491-22-5360</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ben Western</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Mesenteric thrombosis</u> <u>5 days</u> DUE TO (c) <u>Ac tubular nephritis</u> <u>15 days</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary atherosclerosis</u> <u>591x</u>	
19. DATE OF OPERATION <u>3-25-55</u>	19a. MAJOR FINDINGS OF OPERATION <u>Bleeding peptic ulcer with duodenal stenosis &amp; obstruction</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 <u>1-29</u> , 19 <u>55</u> , to <u>3-27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-27</u> , 19 <u>55</u> , and that death occurred at <u>3 p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John R. Dyer</u>		23b. ADDRESS <u>Brookfield Mo</u>	23c. DATE SIGNED <u>3-29-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 29 1955</u>	24c. NAME OF CEMETERY, OR CREMATORY <u>Linn Mo Linn Missouri</u>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>3/29/55</u>	REGISTRAR'S SIGNATURE <u>M. J. Redgway</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James Borden</u>	
ADDRESS <u>Brookfield Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 15 1956

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 Norma Bowden

Licensed Embalmer No. 3295

P. O. Address Brookfield 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.