

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 98

FILED JUN 8 1955

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3033

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Loutre</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Loutre</u>	
c. LENGTH OF STAY (If in hospital or institution) <u>30 days</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles West of Martinsburg</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>2 miles west Martinsburg</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>THERSIA</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>BORGMEYER</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>May 27 1955</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 13 1873</u>	9. AGE (In years) (last birthday) <u>81</u>	10. IF UNDER 1 YEAR (Months) (Days) <u>6 14</u>	11. IF UNDER 14 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>		11. BIRTHPLACE (State or foreign country) <u>St. Charles County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>A.</u>

13a. FATHER'S NAME <u>Theodore Arens</u>	13b. MOTHER'S MAIDEN NAME <u>Christine Watts</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Albertine Borgmeyer</u>	ADDRESS <u>Martinsburg 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thromboses</u>		<u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery disease</u> DUE TO (c) <u>Ca of Breast</u>		<u>5 years</u> <u>6 mo.</u>
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)
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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?
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22. I hereby certify that I attended the deceased from June 5, 1950 to May 27, 1955, that I last saw the deceased alive on May 27, 1955, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree of title)	23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>5/28/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5/30/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Martinsburg, Aud. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 29-1955</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>[Address]</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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 *A. B. Mills*

Licensed Embalmer No. 15288

P. O. Address Wellerille 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.