

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NO. **16152**

FILED JUN 3 1957

Registration District No. **38**

Primary Registration District No. **3006**

Registrar's No. **194**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Columbia TOWN		c. CITY OR TOWN Rural 0360 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rector Nursing Home		d. STREET ADDRESS Near Union (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LETHE Middle MELISSA Last BORBERG			4. DATE OF DEATH May 31, 1957 Month May Day 31 Year 1957		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-13-1873	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Month 5 Days 18	IF UNDER 24 HRS. Hours 18 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Franklin County, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S.
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13. FATHER'S NAME Francis Evard	14. MOTHER'S MAIDEN NAME Decia Matthews
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs W. F. Hightshoe, Columbia, Mo. Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral apoplexy recurrent.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.	DUE TO (b) arteriosclerosis, severe	
	DUE TO (c) 334XF	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Fractured hip due to fall.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fall at home 12 mo aft.
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20c. TIME OF INJURY Hour 12 Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Columbia, Mo. COUNTY STATE
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21. I attended the deceased from April 1957 to May 1957 and last saw her alive on May 31 Death occurred at 5:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE James G. Baker MD (Degree or title)	22b. ADDRESS Columbia, Mo.	22c. DATE SIGNED May 31 1957
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-31-1957	23c. NAME OF CEMETERY OR CREMATORY Union Cemetery	23d. LOCATION (City, town, or county) (State) Union Mo.
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24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. May 31 1957	26. REGISTRAR'S SIGNATURE Mrs R E Palmer
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y. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

31-0

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 *Paul L. L...*

Licensed Embalmer No. *41*

P. O. Address *Columbia*

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.