

No. 300  
10.48

FILED JUN 28 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 021773  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 5679 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, write RURAL, and give OR TOWN <b>New Boston, Baker Twp.</b> )		c. LENGTH OF STAY (In this place) <b>74 yrs.</b>	c. CITY OR TOWN <b>New Boston,</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>Rural Route S.W.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alma Susan</b> b. (Middle) <b>Borron</b> c. (Last) <b>Borron</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 19, 1957</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Nov. 3, 1882</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>16</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Macon County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>James Bradley</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Clary</b>	14. NAME OF HUSBAND OR WIFE <b>Hugh S. Borron</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hugh S. Borron,</b> ADDRESS <b>New Boston, Mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>Senility</b>		
	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 <b>4201</b>	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 19, 1957, to June 19, 1957, that I last saw the deceased alive on June 19, 1957, and that death occurred at 3:00 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>B. A. Vinelbear D.O.</b>	23b. ADDRESS <b>Bucklin Mo</b>	23c. DATE SIGNED <b>6-20-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 23, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Boston Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>New Boston, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>6/20/57</b>	REGISTRAR'S SIGNATURE, <b>Ms. Birdie Kelley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. J. Tardon</b> ADDRESS <b>Bucklin, Missouri</b>
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(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed.....  
*E. A. Larson*

Licensed Embalmer No. 4037

P. O. Address Bucklin, Miss

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.