FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23950
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 264

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 407 E. High St — Length of stay in 1b 35 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Jefferson City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 407 E. High Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First FLORENCE Middle CUMI Last BORGHARDT

4. DATE OF DEATH Month August Day 6th Year '57

5. SEX Male 6. COLOR OR RACE White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 8. DATE OF BIRTH Febr 8th 1907 9. AGE (In years last birthday) 50 IF UNDER 1 YEAR Months 5 Days 28 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafe operator (Ret.) 10b. KIND OF BUSINESS OR INDUSTRY Cafe 11. BIRTHPLACE (City and state or country) Marion, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Delmar Garnett 14. MOTHER'S MAIDEN NAME Sydney Durham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT Gene Borghardt Address Jefferson City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic pyelonephritis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). Chronic osteomyelitis, L tibia 6000

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 1955, to Aug. 6, 1957 and last saw her alive on Aug 6, 1957
Death occurred at 11:35 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert H. Kinney, M.D. (Degree or title) 22b. ADDRESS Jefferson City, Mo. 22c. DATE SIGNED 8-9-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE August 9th '57 23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery 23d. LOCATION (City, town, or county) (State) Jefferson City, Missouri

24. FUNERAL DIRECTOR Tanner Funeral Home ADDRESS Jefferson City Mo 25. DATE RECD. BY LOCAL REG. 10 August 1957 26. REGISTRAR'S SIGNATURE R. C. Harris, M.D. M.R.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 15 1957

SEP 18 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Donald P. Freeman
Donald P. Freeman
Licensed Embalmer No....

P. O. Address Jefferson
Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.