

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028252
STATE FILE NUMBER

FILED SEP 3 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 922

S. 300
1-57
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1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Missouri b. COUNTY ANDREW	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH		c. CITY OR TOWN ROSENDALE	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital		d. STREET ADDRESS (If outside, give location) 4 miles North West	

3. NAME OF DECEASED (Type or print) First Middle Last CAROL BORCHERS			4. DATE OF DEATH Month Day Year Aug. 22 1958		
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5. SEX MALE	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR. 1, 1896	9. AGE (In years last birthday) 62	10. F UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY OWN FARM	11. BIRTHPLACE (City and state or country) ANDREW CO., MO.	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME JAMES BORCHERS	13b. MOTHER'S MAIDEN NAME HATTIE E. BORCHERS	14. NAME OF HUSBAND OR WIFE MABEL BORCHERS
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 491-42-1790	17. INFORMANT Address MRS. MABEL BORCHERS, ROSENDALE, MO.
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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 embolus		INTERVAL BETWEEN ONSET AND DEATH 4 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carotid artery		8 mos.
	DUE TO (c) 1533		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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 COUNTY STATE
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21. I attended the deceased from 8.1.58 to 8.22.58 and last saw him alive on 8.22.58 Death occurred at 4:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) [Signature]	22b. ADDRESS [Address]	22c. DATE SIGNED 8.26.58
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE Aug 22, 1958	23c. NAME OF CEMETERY OR CREMATORY SAVANNAH CEMETERY	23d. LOCATION (City, town, or county) (State) SAVANNAH, MO.
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24. FUNERAL DIRECTOR ADDRESS BREIT FUNERAL HOME, SAVANNAH	25. DATE RECD. BY LOCAL REG. Aug 29, 1958	26. REGISTRAR'S SIGNATURE [Signature]
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
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.

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JAN 12 1959

JAN 7 1959

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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 *Jameal P. Hawkins*

Licensed Embalmer No. *4536*
P. O. Address *Savannah, Ga*

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.