Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029564
STATE FILE NUMBER

FILED AUG 18 1958 Registration District No. 179 Primary Registration District No. 56072 Registrar's No. 150

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Burr Oak Twp — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): — Length of stay in 1b: —

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Foley
b. COUNTY: Lincoln
c. CITY OR TOWN: Missouri 0570 — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): Burr Oak Twp — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Frederick Middle: A. Last: Borggraefe

4. DATE OF DEATH: Month: August Day: 7 Year: 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1885
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 9
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): —
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: Mabel Borggraefe

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.: 486-20-9285
17. INFORMANT: Wife — Address: Mabel Borggraefe

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Coronary Thrombosis	Instantly
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Acute Myocarditis	6 weeks
DUE TO (c)	Atherosclerosis 4201	40 + 5 years

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 ☐ 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 1, 1958 to Aug 7, 1958 and last saw him alive on Aug 7, 1958
Death occurred at 10:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frank L. Sutton (Degree or title) D.O.
22b. ADDRESS: Winfield, Mo.
22c. DATE SIGNED: 8/7/58

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: AUG. 7, 1958
23c. NAME OF CEMETERY OR CREMATORY: St. Ferdinand Cemetery
23d. LOCATION (City, town, or county) (State): Florissant, Mo.

24. FUNERAL DIRECTOR: Florissant Mortuary — ADDRESS: Florissant, Mo.
25. DATE RECD. BY LOCAL REG.: Aug. 9 1958
26. REGISTRAR'S SIGNATURE: Nell Schoenlein per C. Luk.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be noted. All diseases in Part I must be causally related.

AUG 19 1958

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 Gene A Sutchens

Licensed Embalmer No. 4966

P. O. Address Pleasanton, N

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.