

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038872

FILED VS OCT 18 1960

Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 86

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY LAFAYETTE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY LAFAYETTE	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN WAVERLY		Length of stay in 1b 31 DAYS	c. CITY OR TOWN CONCORDIA
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION WELLING CLINIC HOSPITAL		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 510 MAGDALENA ST.
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JOHN Middle GEORGE Last BORGELT			4. DATE OF DEATH Month OCT Day 15 Year 1960			
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5. SEX MALE	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 SEPT 1, 1873	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING RETIRED	10b. KIND OF BUSINESS OR INDUSTRY GEN FARMING	11. BIRTHPLACE (City and state or country) NEW BELLE, MO	12. CITIZEN OF WHAT COUNTRY U. S. A
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13a. FATHER'S NAME C. F. BORGELT	13b. MOTHER'S MAIDEN NAME KATHARINA WEINRICH	14. NAME OF HUSBAND OR WIFE EMMA BORGELT DECEASED
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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. 496-26-5427A	17. INFORMANT FRED BORGELT	Address CONCORDIA, MO
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cardio vascular renal disease		INTERVAL BETWEEN ONSET AND DEATH ???
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION CONCORDIA	COUNTY MO	STATE
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21. I attended the deceased from February 1960 to _____ and last saw him her alive on 10/15/60 Death occurred at 7:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Douglas Kelling, M.D. (Degree or title)	22b. ADDRESS Waverly, Missouri	22c. DATE SIGNED 10/15/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/17/60	23c. NAME OF CEMETERY OR CREMATORY ST. PAUL'S	23d. LOCATION (City, town, or county) (State) CONCORDIA MO
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24. FUNERAL DIRECTOR Ed. James	ADDRESS Concordia, MO	25. DATE RECD. BY LOCAL REG. Oct. 15-1960	26. REGISTRAR'S SIGNATURE Lute Gordon Jordan
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 26 1961

JAN 17 1961

OCT 24 1960

DEC 2 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by me _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed E. S. James _____

Licensed Embalmer No. 2058

P. O. Address Concord

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.