

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-032141

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 217

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 28 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>ST. CHARLES</u>		a. STATE <u>MO.</u> b. COUNTY <u>ST. CHARLES</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. CHARLES</u>		c. CITY OR TOWN <u>ST. CHARLES</u>	
Length of stay in 1b <u>30 YRS.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>401 NO. 3RD ST.</u>		d. STREET ADDRESS (If outside, give location) <u>401 NO. 3RD</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last			4. DATE OF DEATH Month Day Year
<u>JOSEPH WILLIAM BORDERS</u>			<u>AUG. 16 1962</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG. 30, 1928</u>
9. AGE (last birthday) <u>33</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>USED MATERIALS</u>	11. BIRTHPLACE (City and state or country) <u>JEFFERSON CITY, MO.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>MYLES A. BORDERS</u>	
13b. MOTHER'S MAIDEN NAME <u>MILDRED D. DOBYNS</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>MYLES A. BORDERS</u> Address <u>St Charles Mo</u>
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) <u>Suffocation</u>			_____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Aspiration of Vomitus</u>			_____
DUE TO (c) <u>Epilepsy</u>			<u>10 yrs</u>
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
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.)	
20c. TIME OF INJURY _____	Month, Day, Year _____		
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
21. I attended the deceased from _____ <u>1961</u> to _____ <u>April 1962</u> and last saw him alive on _____ <u>June 1962</u>		Death occurred at _____ <u>12:45</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>W.A. Boyemiller MD</u> (Degree or title)		22b. ADDRESS <u>St Charles, Mo</u>	22c. DATE SIGNED <u>August 18 1962</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>19 AUG. 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. CHARLES MEM. GARDENS</u>	23d. LOCATION (City, town, or county) <u>ST. CHARLES COUNTY MO.</u>
24. FUNERAL DIRECTOR <u>PRINSTER-BAUE F.H. INC. ST. CHARLES, MO</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>8-18-62</u>	26. REGISTRAR'S SIGNATURE <u>M. Mella Wilson</u>

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

VS 300 Rev. 4/59
0928
0928
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93533
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1270-0
134-0
USE BLACK INK OR TYPEWRITER RIBBON

SEP 27 1962

APR 29 1962

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 Frederic W. Bane

Licensed Embalmer No. 4607

P. O. Address St Charles, Mo.

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.