

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-004750

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 1

STATE FILE NUMBER

FILED JAN 9 1963

VS 300 Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SWEET SPRINGS</u>		Length of stay in 1b <u>24 HRS</u>	c. CITY OR TOWN <u>CONCORDIA</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>COMMUNITY HOSPITAL</u>		inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1 MI SOUTH</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>CLARA</u> Middle <u>BARTON</u> Last <u>BORGSTAAT</u>			4. DATE OF DEATH Month <u>JAN</u> Day <u>3</u> Year <u>1963</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG 15, 1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	9. AGE (last birthday) <u>63</u>
13a. FATHER'S NAME <u>HENRY WESTERHOUSE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY NOLTE</u>	11. BIRTHPLACE (City and state or country) <u>CONCORDIA, MO</u>
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.	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Terminal pneumonia and pulmonary edema</u>		17. INFORMANT <u>WALTER A. BORGSTAAT</u> Address <u>CONCORDIA, MO</u>	
DUE TO (b) <u>Hypertensive cardiovascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>	
DUE TO (c) <u>Diabetes mellitus</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 Hour _____ a.m. _____ p.m. 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>Oct 8, 1955</u> to <u>Jan 3, 1963</u> and last saw her <u>alive</u> on <u>Jan 3, 1963</u> . Death occurred at <u>10 15 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H. Grob MD</u> (Degree or title)		22b. ADDRESS <u>Concordia, Mo</u>	22c. DATE SIGNED <u>1/4/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>1-6-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BAPTIST</u>	23d. LOCATION (City, town, or county) (State) <u>CONCORDIA MO</u>
24. FUNERAL DIRECTOR <u>E. S. James</u> ADDRESS <u>Concordia, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 6, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Maya Masley</u>

Burial Permit Issued on 1/6/1963

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 *E. J. Johnson*

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.