

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023690

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 262

FILED JUL 2 1963

VS 300
Rev. 4/59

10269
2079
3
4 0
5 1
6
7 0
8 2
9330X
(Hospital)
11
12 1-0
13 30

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		Length of stay in 1b <u>1 day</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Charles E. Still Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5752 Woodland Ave.</u>	
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Phillip</u> Last <u>Borders</u>			4. DATE OF DEATH Month <u>June</u> Day <u>28</u> Year <u>1963</u>		
5. SEX <u>Male</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>1-1-1935</u>	9. AGE (last birthday) <u>28</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Campbell, Missouri</u>	
13a. FATHER'S NAME <u>Dwight Borders</u>		13b. MOTHER'S MAIDEN NAME <u>Velma Marie Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Cleo Virginia Borders</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>Yes Unknown</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>James Velton Dement, Holcomb, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Proliferation</u> <u>Subarachnoid Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>22h</u> DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH	
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 <u>out</u> Month, Day, Year <u>6-27-63</u> 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.)	
21. I attended the deceased from <u>6-27-63</u> to <u>6-28-63</u> and last saw him alive on <u>6-27-63</u> Death occurred at <u>6:30 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>L.E. Duff</u> (Degree title)		22b. ADDRESS <u>Jefferson City</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>6-28-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Brown Chapel Cemetery</u>	
24. FUNERAL DIRECTOR <u>Tanner Funeral Home, Jefferson City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>28 June 1963</u>		26. REGISTRAR'S SIGNATURE <u>M. Richter, Reg.</u>	
23d. LOCATION (City, town, or county) <u>Broseley, Missouri</u>		23e. LOCATION (City, town, or county) <u>Broseley, Missouri</u>		23f. DATE SIGNED <u>6/28/63</u>	

USE BLACK INK OR TYPEWRITER RIBBON

1961 & 700

JUL 10 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 *Orville Howard Jones*

Licensed Embalmer No. 4411

P. O. Address Belle Me.

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.