

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049270
12105 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

DO NOT WRITE ON THIS STUB AMENDED

VS 300 Rev. 4/59
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2 812071
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DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ
ITEM NO.

Document
"due to return to Missouri"

FILED DEC 20 1963

1. PLACE OF DEATH
a. COUNTY **ILLINOIS**
b. CITY (If outside corporate limits, give TOWNSHIP only) **ST. LOUIS** Length of stay in 1b **2 DAYS**
c. CITY OR TOWN **MARYVILLE** Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) **MISSOURI PACIFIC** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **CENTER ST.** Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **ILLINOIS** b. COUNTY **MADISON**

3. NAME OF DECEASED (Type or print) First **WILLIAM** Middle **RIGGIN** Last **BORST** 4. DATE OF DEATH Month **DEC.** Day **6** Year **1963**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **FEB. 2 1901** 9. AGE (last birthday) **62** 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) **SECTION FOREMAN** 10b. KIND OF BUSINESS OR INDUSTRY **RAIL ROAD** 11. BIRTHPLACE (City and state or country) **HARTLEY, TEXAS** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **MARSHALL BORST** 13b. MOTHER'S MAIDEN NAME **MARTHA RIGGIN** 14. NAME OF HUSBAND OR WIFE **SYLVIA A. BORST**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of serv) **NONE** 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT **Edgar Borst** Address **R.R. 1 Box 42-1 Troy, Illinois**

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Congruent of Bowel, 80%** INTERVAL BETWEEN ONSET AND DEATH **30 hrs**
DUE TO (b) **Mesenteric thrombosis** **30 hrs**
DUE TO (c) **450.1**

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. Yes No Unknown

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 **12-5-63** to **12-6-63** and last saw her/him alive on **12-6-63**
Death occurred at **6:00 pm** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **W. W. Armstrong M.D.** 22b. ADDRESS **607 N Grand** 22c. DATE SIGNED **12-7-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **DEC. 9 1963** 23c. NAME OF CEMETERY OR CREMATORY **FRIEDENS** 23d. LOCATION (City, town, or county) (State) **Troy ILLINOIS**

24. FUNERAL DIRECTOR **Jewel S. Edwards** ADDRESS **205 EDWARDSVILLE, N. TROY, ILLINOIS** 25. DATE RECD. BY LOCAL REG. **DEC 7 1963** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

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 Paul L. Edwards

Licensed Embalmer No. 3548

P. O. Address Irving, Illinois

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.