MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 0040105 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0425
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DATE AMENDED 2

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | INSTEAD OF | SHOULD READ

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

NVF FILED 06 64

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton — Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel. Hosp. — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Henry
c. CITY OR TOWN Clinton — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 306 East Franklin. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Mattie Middle Ann Last Borum.

4. DATE OF DEATH: Month Nov. Day 4 Year 1964

5. SEX: F

6. COLOR OR RACE: W.

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH: 10-13-1872

9. AGE (last birthday): 92 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Leesville Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Charles Borum.

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.: None.

17. INFORMANT: Roy Crowell. Address: Deepwater Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Medullary Paralysis — INTERVAL BETWEEN ONSET AND DEATH: minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Congestive Heart Failure — Hours
DUE TO (c): Myocardial Infarction

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

MEDICAL CERTIFICATION

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 11/3/64, to 11/4/64 and last saw her him alive on 11/4/64
Death occurred at 9:10 A.M. 11/4/64 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James C. Chaver DO

22b. ADDRESS: 105 E. Ashley Clinton

22c. DATE SIGNED: 11-5-64

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11-6-64

23c. NAME OF CEMETERY OR CREMATORY: Ladue Cem.

23d. LOCATION (City, town, or county) (State): Ladue Mo.

24. FUNERAL DIRECTOR ADDRESS: Sickman & Dunning Clinton Mo.

25. DATE RECD. BY LOCAL REG.: Nov 5, 1964

26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

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 R. L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.