

FILED JAN 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 742

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 3020 Registrar's No. 15

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hawk Point	
c. LENGTH OF STAY (In this place) 24 Hrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Frances	c. (Last) Borgmann	4. DATE OF DEATH (Month) (Day) (Year) Jan. 21 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH May 22, 1884	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Lincoln County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Barley	13b. MOTHER'S MAIDEN NAME Fannie Elmore	14. NAME OF HUSBAND OR WIFE Samuel Borgmann
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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'S SIGNATURE OR NAME ADDRESS Barley K. Borgmann Troy, Missouri (Son)
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4. Cerebral vascular accident		INTERVAL BETWEEN ONSET AND DEATH 24 hr
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 121 Hypertensive cardiac vascular		
	DUE TO (c) renal disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 123 Chronic myocarditis			when when

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 442A	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 30, 1951, to Jan 31, 1951, that I last saw the deceased alive on Jan 21, 1951, and that death occurred at 9 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Paul H. Hester M.D.</i>	23b. ADDRESS Waverly, Mo.	23c. DATE SIGNED 1-24-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 25, 1951	24c. NAME OF CEMETERY OR CREMATORY Central Grove Cem.	24d. LOCATION (City, town, or county) (State) Warren Warren County, Missouri.
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DATE REC'D BY LOCAL REG. Jan. 25, 1951	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kemper funeral Home Troy, Missouri.
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File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 29 1951

RECEIVED

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, XXX

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Joseph J. Marsh
Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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 this body is not embalmed, fact should be so stated above.