

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018479

STATE FILE NUMBER

FILED MAY 26 1959

Registration District No.

224

Primary Registration District No.

3086

Registrar's No.

53

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

| | | | |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Moniteau</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>California, Mo Walker</u> | | c. CITY OR TOWN <u>California, Mo</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>Home- Rural</u> | | d. STREET ADDRESS (If outside, give location) <u>0680 Jamestown Star Rt.</u> | |
| Length of stay in lb <u>12 Yrs</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Ernest</u> Middle <u>Emil</u> Last <u>Borghardt</u> | | 4. DATE OF DEATH Month <u>May</u> Day <u>22</u> Year <u>1959</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Oct 30 1905</u> |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 9b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Charles L. Borghardt</u> | | 13b. MOTHER'S MAIDEN NAME <u>Emmy Heyssel</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>None</u> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War 2</u> | |
| 16. SOCIAL SECURITY NO. <u>No</u> | | 17. INFORMANT Address <u>Chris W. Borghardt California Mo</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cornary thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u> | | 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 <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 <u>California, Mo</u> | | COUNTY _____ STATE _____ | |
| 21. I attended the deceased from <u>death when first seen</u> and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Ramon Latham md. coroner</u> | | 22b. ADDRESS <u>California, Mo</u> | |
| 22c. DATE SIGNED <u>5-25-59</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>5/25/59</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>California, Mo</u> | |
| 24. FUNERAL DIRECTOR <u>Earl Boulton California, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>5/26/59</u> | |
| 26. REGISTRAR'S SIGNATURE <u>RL Poppey</u> | | | |

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 Earl Bonbrin

Licensed Embalmer No. 2124
P. O. Address California

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.