

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043076

STATE FILE NUMBER

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 333

DO NOT WRITE
ON THIS STUB

AMENDED

FILED NOV 26 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Callaway</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Fulton</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Moniteau</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Hosp. No. 1</u>		d. STREET ADDRESS <u>Route 4</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>Herman</u>	Middle <u>Theodore</u>	Last <u>Borghardt</u>	4. DATE OF DEATH	Month <u>11</u>	Day <u>18</u>	Year <u>63</u>
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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>9/20/1898</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 24 HR Days <u>18</u>	Hours <u>63</u>	Min. <u>00</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Charlie Borghardt</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Heyssel</u>	14. NAME OF HUSBAND OR WIFE <u>Amelia H. Borghardt</u>
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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) <u>unk</u>	16. SOCIAL SECURITY NO. <u>488-32-4452</u>	17. INFORMANT <u>State Hosp. Records</u>	Address <u>Fulton, Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
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IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u>	
DUE TO (b) <u>Arteriosclerotic heart disease.</u>	
DUE TO (c) _____	

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
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. X attended the deceased from State Hospital No. 1 Death occurred at <u>12:55 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>James K. Ottoburn</u>	22b. ADDRESS <u>State Hospital No. 1, Fulton, Mo.</u>	22c. DATE SIGNED <u>11/18/63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-28-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Evangelical & Reformed</u>	23d. LOCATION (City, town, or county) (State) <u>California, Mo.</u>
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24. FUNERAL DIRECTOR <u>Hugh E. Williams</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 18 - 1963</u>	26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

1 0147

2 0680

3

4 0

5 1

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7 0

8 2

9 4200

10

11

12 93-0

13 1-0

DEC 2 1963

JAN 2 1964

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

Russell C. Maag

Licensed Embalmer No.

4804

P. O. Address

California, 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.