Health, Welfare Public Service

/ 300 1-57 0

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014174 STATE FILE NUMBER

FILED APR 21 1959 Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 37

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Moniteau
c. CITY OR TOWN California 0680 — Inside Limits Yes ■ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Daniel Middle Ray Last Borghardt

4. DATE OF DEATH: Month April Day 13 Year 1959

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH April 13-1959

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No

10b. KIND OF BUSINESS OR INDUSTRY No

11. BIRTHPLACE (City and state or country) California Mo 0

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

13a. FATHER'S NAME Carl Borghardt

13b. MOTHER'S MAIDEN NAME Bonnie Schenewerk

14. NAME OF HUSBAND OR WIFE Never married

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT Carl Borghardt Address California Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congenital Atelectasis — INTERVAL BETWEEN ONSET AND DEATH 1 Hour
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) 7620

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 4-13-59, to 4-13-59 and last saw ~~him~~ alive on 4-13-59
Death occurred at 2:25 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lionel M. Gallagher M.D. — 22b. ADDRESS California Mo — 22c. DATE SIGNED 4/15/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 23b. DATE 4-14-1959 — 23c. NAME OF CEMETERY OR CREMATORY City Cemetery — 23d. LOCATION (City, town, or county) California (State) Mo

24. FUNERAL DIRECTOR Hugh E Williams — ADDRESS California Mo — 25. DATE RECD. BY LOCAL REG. 4-15-59 — 26. REGISTRAR'S SIGNATURE A L Popejoy

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Hugh E. Hallam

Licensed Embalmer No. 3537

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.