

FILED AUG 26 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)STATE FILE NUMBER  
124 68 0032153

## CERTIFICATE OF DEATH

Registration District No. 17 Primary Registration District No. 3016 Registrar's No. 342

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. <u>Amelia M. Borghart</u>		7. <u>Female</u>	8. <u>Aug. 20, 1968</u>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. <u>White</u>	5a. <u>73</u>	6. <u>Oct. 22, 1894</u>	7a. <u>Coke</u>
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER)	
7b. <u>T Jefferson City</u>		7c. <u>Yes</u> 7d. <u>Still Hospital</u>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITY OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
9. <u>Missouri</u>	10. <u>USA</u>	11. <u>Widowed</u>	12. <u>Deceased</u>
SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY	
13. <u>418-32-44520</u>		14. <u>Same</u>	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15. <u>Missouri</u>	16. <u>Moniteau</u>	17. <u>California</u>	18. <u>Rt. #2</u>
FATHER—NAME FIRST MIDDLE LAST	MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
19. <u>Carl</u>	20. <u>Ann</u>	21. <u>Schuster</u>	

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0680

## PARENTS

INFORMANT—NAME	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
22. <u>Mrs. Bob Brizendine</u>	23. <u>California, Mo. 65018</u>

PART I. DEATH WAS CAUSED BY		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			
(a) <u>Overwhelming toxemia</u>			
DUE TO AS A CONSEQUENCE OF			
(b) <u>Peritonitis</u>			
DUE TO AS A CONSEQUENCE OF			
(c) <u>Perforated Colon by Volvulus</u>			

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)	AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
	19a.	19b.

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	20d.

INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
21a.	21b.	21c.

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH.	MONTH DAY YEAR	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
22a.	22b.	22c.	22d.	22e.	22f.	22g.

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.	MONTH DAY YEAR	HOUR OF DEATH	THE DECEASED WAS PRONOUNCED DEAD	MONTH DAY YEAR	TIME	HOUR
23a.	23b.	23c.	23d.	23e.	23f.	23g.

CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE	DATE SIGNED (MONTH, DAY, YEAR)
24a.	24b.	24c.

MAILING ADDRESS—CERTIFIER	STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
25a.	25b.	25c.	25d.	25e.

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE
26a.	26b.	26c.	26d.	26e.

DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
27a.	27b.

FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
28a.	28b.	28c.

DO NOT WRITE ON THIS STUB

9. 110a. 7310b. 111. 012. 213. 560214. 915. 916. 217. 218. 2

19. CREDITS

20. 1-0

Type or print in PERMANENT BLACK INK. See handbook for instructions.

**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 Wayne A. Woodard  
\_\_\_\_\_

Licensed Embalmer No. 5172

P. O. Address Salisbury, 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.