

124

STATE FILE NUMBER

68 0033710

CERTIFICATE OF DEATH

VS 300  
Rev. 1/68

DECEASED

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

6. 0681

PARENTS

CAUSE

CERTIFIER

BURIAL

DO NOT WRITE  
ON THIS STUD

9. 1  
10a. 69  
10b.  
11. 0  
12. 2  
13. 955X  
14.  
15. 4  
16.  
17.  
18. 3  
19. CREDITS  
20. 3-0

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

Registration District No. <u>224</u>		Primary Registration District No. <u>3046</u>		Registrar's No. <u>46</u>	
DECEASED—NAME FIRST MIDDLE LAST <u>Ethel Laura Borghart</u>			SEX <u>Female</u>	DATE OF DEATH (MONTH, DAY, YEAR) <u>Aug 26 1968</u>	
1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <u>White</u>		AGE—LAST BIRTHDAY (YEARS) <u>69</u>	UNDER 1 YEAR MOS. DAYS <u>Yes</u>	DATE OF BIRTH (MONTH, DAY, YEAR) <u>May 26 1899</u>	COUNTY OF DEATH <u>Moniteau</u>
4. CITY, TOWN, OR LOCATION OF DEATH <u>California, Mo</u>		INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>Yes</u>		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>Home - 604 N Oak St.</u>	
7. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <u>Missouri</u>		CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Widowed</u>	
10. SOCIAL SECURITY NUMBER <u>495-07-0072A</u>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <u>House Wife</u>		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <u>None - Deceased</u>	
12. RESIDENCE—STATE <u>Missouri</u>		COUNTY <u>Moniteau</u>		CITY, TOWN, OR LOCATION <u>California, Mo</u>	
14. INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>Yes</u>		STREET AND NUMBER <u>604 N Oak St</u>		KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
16. FATHER—NAME FIRST MIDDLE LAST <u>Louis Peters</u>		18. MOTHER—MAIDEN NAME FIRST MIDDLE LAST <u>Eva Schuster</u>			
17a. INFORMANT—NAME <u>Mrs Alma Francis</u>			17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <u>California, Mo</u>		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
19. IMMEDIATE CAUSE (a) <u>Gun shot wound y chest -</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>32 cal revolver shot</u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u>Instant</u>					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (D)					AUTOPSY (YES OR NO) <u>no</u>
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) <u>suicide</u>					IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH <u>no</u>
DATE OF INJURY (MONTH, DAY, YEAR) <u>Aug 26, 1968</u>		HOUR <u>10 30 A M.</u>		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) <u>revolver shot</u>	
INJURY AT WORK (SPECIFY YES OR NO) <u>no</u>		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) <u>at home</u>		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) <u>California, Mo.</u>	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. DECEASED FROM 21b. TO			AND LAST SAW HIM/HER ALIVE ON 21c. MONTH DAY YEAR		
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a. DATE <u>Aug 28 1968</u>			THE DECEDENT WAS PRONOUNCED DEAD 22b. MONTH DAY YEAR <u>Aug 26 1968</u>		
CERTIFIER—NAME (TYPE OR PRINT) <u>Kenyon LATHAM M.D.</u>			DATE SIGNED (MONTH, DAY, YEAR) <u>8-22-68</u>		
MAILING ADDRESS—CERTIFIER <u>California</u>			CITY OR TOWN <u>California</u>		
STATE <u>Mo.</u>			ZIP <u>65018</u>		
BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		CEMETERY OR CREMATORY—NAME <u>Evangelical Cemetery</u>		LOCATION <u>California, Mo</u>	
DATE <u>Aug 28 1968</u>		FUNERAL HOME—NAME AND ADDRESS <u>Bowl'n Funeral Home-100 S Oak-California, Mo-65018</u>		CITY OR TOWN, STATE, ZIP <u>California, Mo-65018</u>	
FUNERAL DIRECTOR—SIGNATURE <u>Jack H. Bowl'n</u>		REGISTRAR'S SIGNATURE <u>Florence H. Kieley</u>		DATE RECEIVED BY LOCAL REGISTRAR <u>August 27-1968</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

*Jack H. Bowlin*

Licensed Embalmer No. 4933

P. O. Address California Co.

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.