

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41413

FILED DEC 29 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4241 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oak grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oak grove</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>" "</u>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>/</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			
a. (First) <u>Lela</u>	b. (Middle) <u>Borland</u>	c. (Last) <u>/</u>	(Month) <u>12</u>	(Day) <u>3</u>	(Year) <u>1949</u>	

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 31-1879</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 1 YEAR Days <u>3</u>	IF UNDER 4 HRS. Hours <u>/</u>	IF UNDER 4 HRS. Min. <u>/</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>/</u>	11. BIRTHPLACE (State or foreign country) <u>Oak grove Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Wm Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Owings</u>	14. NAME OF HUSBAND OR WIFE <u>James Borland</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>/</u>	16. SOCIAL SECURITY NO. <u>/</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Harold George</u>	ADDRESS <u>Oak grove Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>  <u>153X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Colon</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>/</u> DUE TO (c) <u>/</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>/</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>/</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>/</u>	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <u>/</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>/</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>/</u>
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22. I hereby certify that I attended the deceased from July 1, 1949 to 12-3, 1949, that I last saw the deceased alive on 12-3, 1949 and that death occurred at 9:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Calvin W. Williams MD</u>	23b. ADDRESS <u>Oak Grove Mo</u>	23c. DATE SIGNED <u>12-5-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-5-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak grove</u>	24d. LOCATION (City, town, or county) (State) <u>Oak grove Mo</u>
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DATE REC'D BY LOCAL REG <u>DEC. 5, 1949</u>	REGISTRAR'S SIGNATURE <u>Harold George</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs G B Webb-Son</u>	ADDRESS <u>Oak grove Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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03

DEC 27 1949

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 .....  
Student Embalmer

Signed R B Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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 this body is not embalmed, fact should be so stated above.