

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1032  
168  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

4

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (in this place) <b>5 mos.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b> <b>0486</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cresthaven Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>627 N. Delaware</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>R.</b> c. (Last) <b>BORLAND</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>January 11, 1951</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Feb. 29, 1860</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School teacher - Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>William P. Borland</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Hassen</b>	14. NAME OF HUSBAND OR WIFE
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mr. William B. Fullerton, 627 N. Delaware, Independence, Mo.</b>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		<b>6 mos.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>		<b>17 mos.</b>
DUE TO (c) <b>Terminal broncho pneumonia</b>		<b>1 week</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 2, 1950**, to **Jan 11, 1951**, that I last saw the deceased alive on **Jan 11, 1951**, and that death occurred at **4 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. Kip Robinson M.D.</b>	23b. ADDRESS <b>928 Professional Bldg.</b>	23c. DATE SIGNED <b>Jan 12, 1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>1/13/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-13-51</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>STINE &amp; McCLURE, Kansas City, Missouri</b>
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Dr. E. Rip Robinson aff. 1100-1130-  
Prof. R. D. ...  
No 4479

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Max E. Meyer*

Signed.....  
Student Embalmer

Licensed Embalmer No. *14555*

P. O. Address *K. Q. 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.