

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27753**

FILED SEP 14 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 975

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rea</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>0020 /</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Parkview Nursing Home 1006 Dewey Ave.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>CLARENCE</u> c. (Last) <u>BORROR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 28, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 20, 1873</u>	9. AGE (in years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>West Philia, Kans.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Nannasia Borrer</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ingram</u>	14. NAME OF HUSBAND OR WIFE <u>Mary M. Borrer</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary M. Borrer, Rea, Mo.</u>	ADDRESS
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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, means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Stomach</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>151X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT (Specify) <u>HOMICIDE</u>	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) m.	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 27, 1953, to Aug 28, 1953, that I last saw the deceased alive on Aug 27, 1953, and that death occurred at 2:10A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter B. McDonald M.D.</u>	23b. ADDRESS <u>301 No. 8th St., City</u>	23c. DATE SIGNED <u>9-1-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 31, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Whitesville</u>	24d. LOCATION (City, town, or county) (State) <u>Whitesville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept 9, 1953</u>	REGISTRAR'S SIGNATURE <u>Eather M. Allison</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Dr. R. Breit</u>	ADDRESS <u>Funeral Home Savannah</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

UNIN 2-3-1954

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

E. C. Breit

Licensed Embalmer No. *2650*

P. O. Address *Savannah MS*

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.

State of Buchanan }
County of Missouri } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 27753
Local Registrar's No. 995

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21 day of June, 1954, before me appears Mrs
Helma King, who, upon her oath, states that the original record of ^{birth} death
for Walter Clarence Borror died August 28 ^{born}, 1953, in the State of
Missouri, and which was filed at St. Joseph on Sept 9, 1953, should be corrected as follows:

Item No. _____ should read _____

Instead of _____

Item No. 3 a should read William Clarence Borror

Instead of _____
Walter Clarence Borror

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Helma J. King daughter
Relationship.

3260 Walton Ave, Flint, Mich.
Present Address.

Subscribed and sworn to before me this 21 day of June, 1954

My Commission expires Nov. 3, 1956
My Commission expires _____
Gray P. Baluast Notary Public.

ered; draw one line through error and write above it.

