

FILED NOV 15 1956

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

33856
4631

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u>				b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u>		c. LENGTH OF STAY (In this place) <u>9 days</u>		c. CITY OR TOWN <u>Kansas City, Kan.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran</u>				e. STREET ADDRESS (If rural, give location) <u>2301 South 26th Street</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emmanuel</u>			b. (Middle)			c. (Last) <u>Borders</u>			
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>Nov. 28, 1902</u>		9. AGE (In years last birthday) <u>53</u> If UNDER 1 YEAR: Months <u>12</u> Days <u>27</u> If UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Receiving Clerk</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Colgate-Palmolive Mfg. Co., Ind.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Muscatte Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Wm. H. Borders</u>			13b. MOTHER'S MAIDEN NAME <u>Dorcas Castle</u>		14. NAME OF HUSBAND OR WIFE <u>Lucile Tyson Borders</u>				
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>492-12-1017</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lucile Borders, K.-C.-Ka.</u>				ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>7</u> <u>4201</u>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>10/16</u> , 1956, to <u>10/25</u> , 1956, that I last saw the deceased alive on <u>10/25</u> , 1956, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>J. W. Young</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1401 S. W. Blvd KCKa</u>		23c. DATE SIGNED <u>10/25/56</u>			
24a. BURIAL (CREMATION) (REMOVAL) (Specify)		24b. DATE <u>Oct. 27, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Smithville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-26-56</u>		REGISTRAR'S SIGNATURE <u>neva miralball</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McComas Funeral Home</u>		ADDRESS <u>Smithville, Mo.</u>			

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

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..... *S. A. McComas*

Licensed Embalmer No. *2303*

P. O. Address *Southwill*

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.