

FILED DEC 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36929

4860

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4860</u>	
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 town or township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>7</u> mo.		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bonner Springs</u>		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cresthaven Convalescent Home</u> <u>3516 Summit</u>				d. STREET ADDRESS (If rural, give location) <u>319 Spring St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>Edwin</u>		c. (Last) <u>Borden</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 19 1950</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Apr 5 1870</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>14</u>		IF UNDER 1 HR. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Leavenworth Co. Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Borden</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Shaw</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Borden</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Lou Hodson</u> <u>634 E 66th Terr</u> <u>K. C. Mo.</u>			
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>Memorial</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cholera infantum</u> DUE TO (c) <u>arteriosclerosis</u> 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>1 yr</u> <u>years</u> <u>years</u> <u>446x</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>Jan 1950</u> , to <u>11/19 1950</u> , that I last saw the deceased alive on <u>11/18 1950</u> , and that death occurred at <u>4:10 am</u> <u>at</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. C. Tripp</u> (Degree or title)		23b. ADDRESS <u>1014 Angyle Oldy</u>		23c. DATE SIGNED <u>11/19/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov 19-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bonner Springs Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bonner Springs Kan</u>	
DATE REC'D BY LOCAL REG. <u>11-19-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Sumner</u>		ADDRESS <u>K C K</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed H. Simmons.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3903.....

P. O. Address NEA.....

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.