

FILED JUN 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20076

Registrar's No. 2519

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2519		
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)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>5331 Highland</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Little Sisters of the Poor</b>								
3. NAME OF DECEASED (Type or Print) a. (First) <b>MRS. MARY</b> b. (Middle) <b>CABORN</b> c. (Last)			4. DATE OF DEATH <b>June 10 1951</b> (Month) (Day) (Year)					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow 2</b>		8. DATE OF BIRTH <b>Jan 22 1860</b>		
9. AGE (In years last birthday) <b>91</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>		IF UNDER 1 HR. Hours <b>0</b> Min. <b>0</b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Ohio /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>Jacob Ward</b>			13b. MOTHER'S MAIDEN NAME <b>Emma Stormes</b>			14. NAME OF HUSBAND OR WIFE <b>Jacob Caborn</b>		
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>?? -</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Sister Emelie</b>		ADDRESS <b>5331 Highland</b>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Arteriosclerosis.</b>				<b>4201</b>		
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 <b>3/19</b> , 19 <b>50</b> , to <b>6/10</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>6/9/51</b> , 19 <b>51</b> , and that death occurred at <b>5:00A</b> m., from the causes and on the date stated above.								
23a. SIGNATURE <b>Joseph A. Fogarty</b> (Degree or title)				23b. ADDRESS <b>402 Northman Bldg K 63 Mo.</b>		23c. DATE SIGNED <b>6/11/51</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>6-13-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cem. K-C. Mo.</b>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <b>6-13-51</b>		REGISTRAR'S SIGNATURE <b>Steraldine Holman</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Quirk + Robin</b>		ADDRESS <b>20 West Linwood</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 14 1981

---

---

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.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.