No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 15 1952

State File No. 28574

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 122

-12

1. PLACE OF DEATH
a. COUNTY Johnson,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Warresnburg,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3I3 E.Culton, Street,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Warrensburg, 0512
d. STREET ADDRESS (If rural, give location) 3I3 E.Culton Street, 0

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Parker, c. (Last) Wilborn,

4. DATE OF DEATH (Month) (Day) (Year) 9-5-I952

5. SEX 0 Male
6. COLOR OR RACE White,
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept.2,I904
9. AGE (In years last birthday) 48 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Worker,
10b. KIND OF BUSINESS OR INDUSTRY Construction,
11. BIRTHPLACE (State or foreign country) Cedar County, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME David U.Wilborn,
13b. MOTHER'S MAIDEN NAME Bertah Davis, Vada
14. NAME OF HUSBAND OR WIFE Bertah Wilborn,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 499-I4-5I07
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bertha Wilborn, Warrensburg, Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH 6 months

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 153X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30, 1952, to 9-5-, 1952, that I last saw the deceased alive on 9-5-, 1952, and that death occurred at I:I5A m., from the causes and on the date stated above.

23a. SIGNATURE R. Lee Cooper (Degree or title) M.D.
23b. ADDRESS Warrensburg, Missouri,
23c. DATE SIGNED 9-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 9-7-52
24c. NAME OF CEMETERY OR CREMATORY Knobnoster,
24d. LOCATION (City, town, or county) (State) Knobnoster, Missouri.

DATE REC'D BY LOCAL REG. Sept. 8, 1952
REGISTRAR'S SIGNATURE Savannah Wetzel 147
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R A Brauninger Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 17 1953

RECEIVED
SEP 8 1952
JOHNSON COUNTY HEALTH DEPT.

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 me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed R A Brauninger

Signed.....
Student Embalmer

Licensed Embalmer No. 3377

P. O. Address Warrensburg, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.