

FILED JAN 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 273

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 2

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>Buchanan</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>St. Joseph</u> <u>0119</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Idele Hour Nursing Home</u> <u>218 So. 10th St.</u>		d. STREET ADDRESS (If rural, give location) <u>1025 1/2 Charles</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Frances</u> c. (Last) <u>DeBord</u>			4. DATE OF DEATH <u>Dec. 7, 1953</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 14, 1874</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan Co., Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Willis DeBord</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Fugett</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. R. DeBord, Dec.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louis DeBord</u> ADDRESS <u>St. Joseph</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>18. Cause of death does not mean the manner of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		<u>Unk.</u>
	DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) <u>Arteriosclerosis</u>		<u>Unk.</u>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>332X</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) m.	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 11-28, 1952, to Dec 31 1953 that I last saw the deceased alive on 12-31, 1952, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Sharon E. Wagner M.D.</u> (Degree or title)		23b. ADDRESS <u>301 Illinois Ave. So. St. Joseph, Missouri</u>		23c. DATE SIGNED <u>1-1-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Jan. 2/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grandview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Albany, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Jan 5, 1953</u>	REGISTRAR'S SIGNATURE <u>Carl C. Caster</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Barry</u> ADDRESS <u>St Joseph Mo.</u>
---	---	---

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

19
4

JAN 4 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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph Mo

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.

1953

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Buchanan } ss.

State File No. 273
Local Registrar's No. 2

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 4 day of February, 1953, before me appears
Sharon E. Waggoner, M.D., who, upon his oath, states that the original record of ^{birth} death
for Mary Frances DeBord, ^{died} Dec 31, 1952, in the State of
Missouri, and which was filed at St. Joseph on Jan 5, 1953, should be corrected as follows:

Item No. _____ should read _____

Instead of _____
Item No. 22 should read Attended the deceased from
Nov 28, 1952 to Dec 31, 1952

Instead of _____
Nov. 28, 1952 to Jan 1, 1953

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)

Sharon E. Waggoner M.D.
Affiant Relationship.

301 Illinois Ave.
Present Address.

Subscribed and sworn to before me this 4 day of February, 1953.

My Commission expires My Commission Expires Nov. 3, 1956
Jay P. Belmont Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S(2)-273

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. }
County of Buch. } ss.

State File No. 273
Local Registrar's No. 2

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21st day of Jan., 1953, before me appears Mr. Louis DeBord, who, upon his oath, states that the original record of ~~death~~ for Mary Frances DeBord ^{died} ~~born~~ Jan. 1, 1953, in the State of Missouri, and which was filed at St. Joseph on Jan. 5, 1953, should be corrected as follows:

Item No. _____ should read _____

Instead of _____

Item No. 4 should read Dec. 31, 1952

Instead of _____ Jan. 1, 1953

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. 22 should read Death occurred at 8:10 P.M.

Instead of _____ Death occurred at 12:50 A.M.

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 Louis DeBord Son
Relationship.

1025 1/2 Charles St., St. Joseph, Mo.
Present Address.

Subscribed and sworn to before me this 21st day of Jan., 1953.

My Commission expires My Commission Expires Nov. 3, 1956

Louis P. Baluax Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S (2) 273