

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24642**
Registrar's No. **3218**

FILED JUL 17 1953

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1602**

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

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 33 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		22/6/53
d. FULL NAME OF HOSPITAL OR INSTITUTION Mallott Rest Home			d. STREET ADDRESS (If rural, give location) 2936 Jackson Avenue		
3. NAME OF DECEASED (Type or Print) a. (First) Benjiman		b. (Middle) H.	c. (Last) Border	4. DATE OF DEATH (Month) (Day) (Year) June, 23, 1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH Sept. 28, 1888	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days
10a. DURING OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10b. KIND OF BUSINESS OR INDUSTRY Brown-White-Lowell Printers	11. BIRTHPLACE (City and State or Foreign Country) Prairie City, Iowa /		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John W. Border		13b. MOTHER'S MAIDEN NAME Lucinda Strain		14. NAME OF HUSBAND OR WIFE Susie Border	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 487-05-2683		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Delila Early 2936 Jackson		
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.	<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion</p> <p>ANTECEDENT CAUSES Chronic Myocarditis</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>				<p>INTERVAL BETWEEN ONSET AND DEATH 1 day</p> <p>3 yrs</p> <p>4201</p>
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)	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 6-19-53 , to 6-23-53 , that I last saw the deceased alive on 6-23-53 , and that death occurred at 3:30A.M. , from the causes and on the date stated above.					
23a. SIGNATURE Frank Paul Laurenza M.D.			23b. ADDRESS 428 S. White Ave		23c. DATE SIGNED 6-23-53
24. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/25/53	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
DATE REC'D BY LOCAL REG. 6-24-53	REGISTRAR'S SIGNATURE Sheraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earp & Sons 4139 Truman Rd. K.C. Mo		

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 _____

James W. Earp
Licensed Embalmer No. *4622*
P. O. Address *J. C. 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.