

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8142

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1155

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) Kansas City,  
c. LENGTH OF STAY (In this place) 740 rs

c. CITY OR TOWN Kansas City,  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 7236 Chesnut

STREET ADDRESS (If rural, give location) 7236 Chesnut 3898

3. NAME OF DECEASED (Type or Print)  
a. (First) Clarence b. (Middle) Clinton c. (Last) Colborn

4. DATE OF DEATH (Month) (Day) (Year) Mar. 11 1955

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH Mar. 21 1880

9. AGE (In years last birthday) 74 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) Retired Watchman

10b. KIND OF BUSINESS OR INDUSTRY #####

11. BIRTHPLACE (City and State or Foreign Country) Weston, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Samuel Colborn

13b. MOTHER'S MAIDEN NAME No Record

14. NAME OF HUSBAND OR WIFE Ida Colborn

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 487-07-5278

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary E. Beard 7236 Chesnut K.C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Metastatic Carcinoma to spine & chest carcinoma of prostate gland  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) carcinoma of prostate gland  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH one week  
6 months  
1977

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)

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 Nov 3, 1954, to Mar 11, 1955, that I last saw the deceased alive on Mar 11, 1955, and that death occurred at 6:15 Pm., from the causes and on the date stated above.

23a. SIGNATURE Sam D. Hooper (Degree or title) MD

23b. ADDRESS 6232 Sweet K.C. Mo.

23c. DATE SIGNED Mar 12 '55

24a. BURIAL CREMATION, REMOVAL (Specify) Burial

24b. DATE Mar-16-1955

24c. NAME OF CEMETERY OR CREMATORY Mt Washington

24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 3-15-55 REGISTRAR'S SIGNATURE Neve Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs C.L. Forster Funeral Home Kas. City, Mo.

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Dean Owens*.....

Licensed Embalmer No. *428*

P. O. Address *K. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.