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FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15793

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 027

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived, if outside of Missouri, give name of country) --a. STATE Missouri b. COUNTY Big Creek	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Harrisonville)		c. CITY OR TOWN Harrisonville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 wks.		e. STREET ADDRESS (If rural, give location) 8 Miles N. of Harrisonville, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital			

3. NAME OF DECEASED (Type or Print) Katherine			4. DATE OF DEATH May 13, 1956		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
Katherine	-----	Borer	May	13	1956

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 7, 1879	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Merman, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.		

13a. FATHER'S NAME Jacob Michel	13b. MOTHER'S MAIDEN NAME Marie Phillip	14. NAME OF HUSBAND OR WIFE Alphons J. Borer
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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. None	17. INFORMANT'S SIGNATURE OR NAME Hilda Sadler, Pleasant Hill, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 2 YRS-
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma Rectum		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 154x		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			

19a. DATE OF OPERATION May 5, 1956	19b. MAJOR FINDINGS OF OPERATION CARCINOMA Rectum with Liver Metastasis	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <input checked="" type="checkbox"/>	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 **May 1, 1956**, to **May 13, 1956**, that I last saw the deceased alive on **May 12, 1956**, and that death occurred at **1:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Deceased's Title) MD	23b. ADDRESS Harrisonville, Mo	23c. DATE SIGNED May 13, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 15, 1956	24c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery, Lee's Summit, Missouri	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. May 15, 1956	REGISTRAR'S SIGNATURE Dora Barnard	25. FUNERAL DIRECTOR'S SIGNATURE Langsford Funeral Home, Lee's Summit	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

MO.

RECEIVED
MAY 21 1956
HEALTH DEPARTMENT

MAR 28 1958

JUL 16 1958

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 *N. B. Langford Jr.*
Licensed Embalmer No. *496*
P. O. Address *Leicester, Mass.*

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.