

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

'59 0 4 6 1 4

**FILED VS JAN - 6 1960** 174

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 113 STATE FILE NUMBER 113

ENDED

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Lexington</b>		Length of stay in 1b <b>49 Years</b>	c. CITY OR TOWN <b>Lexington</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) <b>Lexington Memorial Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Leawood Addition</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>CLARA</b> First <b>CATHERINE</b> Middle <b>BORNE</b> Last			4. DATE OF DEATH <b>December 28 1959</b> Month Day Year		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>August 23 1900</b>	9. AGE (last birthday) <b>59</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own House Work</b>	11. BIRTHPLACE (City and state or country) <b>Riverside, Iowa</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Joseph Thoman</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Ebeck</b>		14. NAME OF HUSBAND OR WIFE <b>Leonard Borne</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give <del>with dates of service</del> ) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Leonard Borne, Lexington, Missouri</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized carcinomatosis</b> DUE TO (b) <b>adenocarcinoma of pancreas</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.</b> <b>1 year</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Lexington, Missouri</b>		COUNTY	STATE
21. I attended the deceased from <b>July 1959</b> to <b>Dec. 28, 1959</b> and last saw her <b>alive</b> on <b>12/28/59</b> Death occurred at <b>11 A. m</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Ralph Kirby MD</i> (Degree & title)			22b. ADDRESS <b>Lexington, Missouri</b>		22c. DATE SIGNED <b>12/29/1959</b> (Stamp)
23a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>December 30, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Memorial Park</b>	23d. LOCATION (City, town, or county) <b>Lexington, Missouri</b>		
24. FUNERAL DIRECTOR <i>Garesh K. Kessinger Lexington</i>		25. DATE RECD. BY LOCAL REG. <b>12-31-59</b>	26. REGISTRAR'S SIGNATURE <i>Wm. E. Smith</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 13 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Garrett J. Deming

Licensed Embalmer No. 3275

P. O. Address Washington

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.