

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044499

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6455

STATE FILE NUMBER

AMENDED

DATE AMENDED
12-28-61

INSTEAD OF
John Borden

SHOULD READ
Jesse Carroll Borden

BY AFFIDAVIT OF Funeral Home
Montgomery

FILED JAN 8 1962

1. PLACE OF DEATH
a. COUNTY **Jackson**

b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in life **app. Life**

c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **3422 Hunter Street** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** COUNTY **Jackson**

c. CITY OR TOWN **Kansas City** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **3422 Hunter Street** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Arthur Borden**

4. DATE OF DEATH Month Day Year **December 22, 1961**

5. SEX **Male**

6. COLOR OR RACE **White**

7. Married Never Married Widowed Divorced **Married**

8. DATE OF BIRTH **5/1/98**

9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR **63** Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laundry-Cleaning**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) **Winona, Missouri**

12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Jesse Carroll Borden**

13b. MOTHER'S MAIDEN NAME **Mary Susan Clemens**

14. NAME OF HUSBAND OR WIFE **Elizabeth Borden**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

17. INFORMANT **3422 Hunter St. Mrs. Elizabeth Borden, K. C. Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Carcinoma Pancreas & Metastasis**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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 NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **August 61** to **12/22/61** and last saw her alive on **12/21/61**
Death occurred at **5:15 P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **J. Montgomery M.D.**

22b. ADDRESS **Kansas City, Mo. 1332 Professional Bldg.**

22c. DATE SIGNED **12/23/61**

23. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

23b. DATE **Dec. 26, 1961**

23c. NAME OF CEMETERY OR CREMATORY **Green Lawn Cemetery**

23d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

24. FUNERAL DIRECTOR'S ADDRESS **D.W. NEWCOMER'S SONS 1331 Brush Creek Blvd.**

25. DATE RECD. BY LOCAL REG. **12-26-61**

26. REGISTRAR'S SIGNATURE **Ruth Long**

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 Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Indep, M

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.