

FILED NOV 22 1949

STANDARD CERTIFICATE OF DEATH

State File No. **37154**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4574**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>10 Years</b>		d. STREET ADDRESS (If rural, give location) <b>1926 Spruce Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital, K.C. Mo.</b>			

3. NAME OF DECEASED (Type or Print) <b>Edward</b>	a. (First)	b. (Middle) <b>B.</b>	c. (Last) <b>Burkin</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>October 25 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 23, 1910</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>39-4-2</b>	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	IF UNDER 4 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Yardmaster</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. Pacific R. R.</b>	11. BIRTHPLACE (State or foreign country) <b>Kansas City, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Freeman Illinois</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Mullenbach Ill.</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Alberta Burkin</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>702-16-5745</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Alberta Burkin, 1926 Spruce, K.C. Mo</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Circulatory Failure Acute</b>		<b>5 Minutes</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Intestinal obstruction</b> DUE TO (c) <b>Pericolic Abscess</b>		<b>7 Days</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diverticulitis</b>		<b>5721</b>	<b>?</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **10-15, 1949**, to **10-25, 1949**, that I last saw the deceased alive on **October 25, 1949**, and that death occurred at **5:15A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J.E. Castle MD</b>	(Degree or title)	23b. ADDRESS <b>Argyle Building, Kansas City, Mo</b>	23c. DATE SIGNED <b>10-25-49</b>
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24a. BURIAL / CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Oct. 28, 49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City 2, Kansas</b>
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DATE REC'D BY LOCAL REG. <b>10-27-49</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Job. A. Butler's Sons, 22 So. 18th. K.C.K.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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 .....  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 3426 Missouri

P. O. Address Kansas City 2, Kansas

**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.