

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

28538

State File No.

FILED SEP 11 1953

4149

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 10 yrs
 c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: General Hospital No. 1
 e. STREET ADDRESS (If rural, give location) 2514 Holmes 3438
113

3. NAME OF DECEASED (Type or Print)
 a. (First) Lucy b. (Middle) _____ c. (Last) Burkhart
 4. DATE OF DEATH (Month) (Day) (Year) 8 24 1953

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH June 18, 1888
 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 65

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home 10b. KIND OF BUSINESS OR INDUSTRY _____
 11. BIRTHPLACE (City and State or Foreign Country) Missouri 0 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John S. Neet 13b. MOTHER'S MAIDEN NAME Martha V. Thomas 14. NAME OF HUSBAND OR WIFE John W. Burkhart

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 ADDRESS Austin Burkhart, 2514 Holmes, K.C.MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma of lungs, pleural and aortic lymph nodes
 *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Residual ductal carcinoma of left breast
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardiovascular disease

INTERVAL BETWEEN ONSET AND DEATH
170X

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) (Min.) _____ 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 August 10, 1953, to August 24, 1953, that I last saw the deceased alive on August 24, 1953, and that death occurred at 6:45A m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) M.D. 23b. ADDRESS 24th & Cherry 23c. DATE SIGNED 8-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 8-24-53 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) Carrollton, Missouri

DATE REC'D BY LOCAL REG. 8-24-53 REGISTRAR'S SIGNATURE Seraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCURE UND. CO. K.C.MO.

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

D. J. Hallinan

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.....
J. J. Crowell

Licensed Embalmer No. *4904*

P. O. Address *K.C. Me*

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.