

FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **37292**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5063**1. PLACE OF DEATH  
a. COUNTY **Jackson** **Childrens Mercy Hospital**2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)  
a. STATE **Kansas** b. COUNTY **Wyandotte**b. CITY (If outside corporate limits, write RURAL and give township) **Kansas City** c. LENGTH OF STAY (in this place) **6 wk**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 **Childrens Mercy Hospital**STREET ADDRESS (If rural, give location) **20 South 8th Street**3. NAME OF DECEASED  
a. (First) **James Robert** b. (Middle) **Burkin** c. (Last) **Burkin**4. DATE OF DEATH (Month) (Day) (Year) **11-2-54**5. SEX **Male**6. COLOR OR RACE **White**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Child**8. DATE OF BIRTH **Aug 6 1953**9. AGE (In years last birthday) **1 yr.**

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY **None.**11. BIRTHPLACE (City and State or Foreign Country) **Kansas City, Kansas**12. CITIZEN OF WHAT COUNTRY **U.S.A.**13a. FATHER'S NAME **Robert Burkin**13b. MOTHER'S MAIDEN NAME **Agnes Houston**14. NAME OF HUSBAND OR WIFE **In fant.**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No**16. SOCIAL SECURITY NO. **None**17. INFORMANT'S SIGNATURE OR NAME **Robert Burkin** ADDRESS **20 South 8th St. Kan.**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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Post-operative tetralogy of Fallot (Anastomosis between descending aorta + pulmonary artery.)**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) **artery.**  
II. OTHER SIGNIFICANT CONDITIONS  
\*Conditions contributing to the death but not related to the disease or condition causing death.INTERVAL BETWEEN ONSET AND DEATH  
  
**7540**19a. DATE OF OPERATION **11/1/54**

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)

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 **9-14**, 19**54**, to **11-2**, 19**54**, that I last saw the deceased alive on **11-2**, 19**54**, and that death occurred at **3:00 A.M.**, from the causes and on the date stated above.23a. SIGNATURE **Wayne Hart** (Degree or title) **M.D.**23b. ADDRESS **1710 Indep. Ave**23c. DATE SIGNED **11-2-54**24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**24b. DATE **11/2/54**24c. NAME OF CEMETERY OR CREMATORY **Mt. Calvary**24d. LOCATION (City, town, or county) (State) **Kansas City, Mo**DATE REC'D BY LOCAL REG. **11-2-54** REGISTRAR'S SIGNATURE, **Neva Marshall**25. FUNERAL DIRECTOR'S SIGNATURE **Geo. A. Butler's Sons** ADDRESS **K.C. Mo**

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

DEC 17 1930

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 *Donan K. James*.....

Licensed Embalmer No... 483

P. O. Address... K. E. K.

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.