

FILED OCT 18 - 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 30268

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 4269 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seneca</u>		c. CITY OR TOWN <u>Seneca</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>17 yrs</u>		• STREET ADDRESS (If rural, give location) <u>018<sup>th</sup></u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Evelyn</u>	c. (Last) <u>Burkhart</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-27-55</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid</u>	8. DATE OF BIRTH <u>March 15, 1874</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Goodman, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Page C. Kinslow</u>	13b. MOTHER'S MAIDEN NAME <u>Betty Friend</u>	14. NAME OF HUSBAND OR WIFE <u>Wiley G. Burkhart</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Blaine Burkhart</u>	ADDRESS <u>Seneca, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>  <u>5 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) <u>Chronic Myocarditis</u>  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		<u>4222</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 March, 1950, to Sept 27, 1955, that I last saw the deceased alive on Sept 26, 1955, and that death occurred at 3:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John B. Roberts</u>	(Degree or title) <u>SO</u>	23b. ADDRESS <u>Seneca Mo.</u>	23c. DATE SIGNED <u>9/29/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>9-29-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Burkhart Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Racine, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9/30-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u>	486-6	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Bell</u>	ADDRESS <u>Seneca, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

NEWTON STON. AND UNIT

REC 5

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EG

GC

OC 5

NEOSHO, MISSOURI

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 *W E Billington*

Licensed Embalmer No. *217*

P. O. Address *Seneca*

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.