

FILED AUG 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26805

STATE FILE NUMBER

 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3365

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Independence</u> 1005
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>		Length of stay in lb <u>21 days</u>	d. STREET ADDRESS (If outside, give location) <u>122 N. Arlington</u>
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>H.</u> Last <u>Burkett</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>1</u> Year <u>1956</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 29, 1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Standard Oil Co.</u>	11. BIRTHPLACE (City and state or country) <u>Liberty, Tenn.</u>
13. FATHER'S NAME <u>James Burkett</u>		14. MOTHER'S MAIDEN NAME <u>Angielin Brown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>486 03 4066</u>	17. INFORMANT Address <u>Mrs. Bonnie Spurlock, Kansas City, Kansas.</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocarditis</u> <u>Cerebral</u> <u>Cerebral ischemia</u> DUE TO (b) <u>benign prostatic hypertrophy</u> DUE TO (c) <u>Uremia - postoperative hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u> <u>10/10X</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour - Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>1925</u> to <u>8-1-56</u> and last saw her alive on <u>8-1-56</u> Death occurred at <u>11:58 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Lewis E. Soper D.O.</u>		22b. ADDRESS <u>11106 Winner Independence Mo</u>	22c. DATE SIGNED <u>8-2-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8/3/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Harvey Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Jasper County, Mo.</u>
24. FUNERAL DIRECTOR <u>E. G. Caram</u>		ADDRESS <u>Independence, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8-3-56</u>
		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	

 Health,
Welfare
Public
Service
300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Lewis E. Soper, D.O.
MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

is 1.1

1118-8111

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 *Harold E. Radref*

Licensed Embalmer No. *46*

P. O. Address *Adelphi*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.