

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41377

STATE FILE NUMBER

5391

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

| | | | | | | | |
|---|---------------------------|---|--|---|--|---|-------|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY Jackson | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | a. STATE Missouri | | b. COUNTY Jackson | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp | | Length of stay in lb) 50 Yrs. | | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Alta Leta Burkhart | | | | 4. DATE OF DEATH Month Day Year Dec 10 1956 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Oct 8 1891 | 9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Month Day | IF UNDER 24 HRS. Hour Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Domestic | | 11. BIRTHPLACE (City and state or country) Pleasant Hill, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U. S | |
| 13. FATHER'S NAME John Gillam | | | | 14. MOTHER'S MAIDEN NAME Mattie Hamilton | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No X X X X | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT Address Clويد Burkhart 4237 Wabash, K. C. Mo | | | |
| 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>Carcinomatous</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of ovary</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 months</u> <u>4 1/2 months</u> <u>175X</u> | |
| 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 WORK <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>8/22/56</u> to <u>12/10/56</u> and last saw her/him alive on <u>12/10/56</u> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>Edward H. Klein M.D.</u> (Specify or title) | | | | 22b. ADDRESS <u>Plaza Medical Bldg</u> <u>K. C. - 12 - Mo.</u> | | 22c. DATE SIGNED <u>14/12/56</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>12-13-56</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u> | | 23d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u> | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>FLORAL HILLS MEMORIAL CHAPEL INC K.C.MO</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>12-13-56</u> | | 26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u> | |

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

MEDICAL CERTIFICATION
Edward H. Klein

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.....
Everett L. Lee

Licensed Embalmer No. *40*

P. O. Address *Kenosha*

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.