

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6152

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|--|----------------------------------|---|---|---|---|
| 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, give TOWNSHIP only) Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's | | Length of stay in lb 53 Yrs. | d. STREET ADDRESS (If outside, give location) 1015 West 63rd Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) CHARLES E. BURKHOLDER | | | 4. DATE OF DEATH Month Day Year Dec. 24, 1957 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 31, 1904 | 9. AGE (In years last birthday) 53 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Estimator, Crescent | | 10b. KIND OF BUSINESS OR INDUSTRY Electric Co. | 11. BIRTHPLACE (City and state or country) Kansas City, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
| 13a. FATHER'S NAME G. G. Burkholder | | 13b. MOTHER'S MAIDEN NAME Myrle Stumbaugh | | 14. NAME OF HUSBAND OR WIFE Vaughn Burkholder | |
| 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. 486-36-4272 | 17. INFORMANT Address G. G. Burkholder 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) Bleeding Esophageal Varices. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cirrhosis of the Liver 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 Days. yr. 5810 |
| 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 checked="" 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 12-12-57 to 12-24-57 and last saw ^{her} him alive on 12-24-57 Death occurred at 1:45 pm p m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE V.B. Ballard MD (Degree or title) | | | 22b. ADDRESS 411 Nichols Rd. KC | | 22c. DATE SIGNED 12-24-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 12-27-57 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Washington | | 23d. LOCATION (City, town, or county) (State) Kansas City, Mo. |
| 24. FUNERAL DIRECTOR Freeman Mortuary | | ADDRESS K. C. Mo. | | 25. DATE RECD. BY LOCAL REG. 12-27-57 | 26. REGISTRAR'S SIGNATURE Neva Minshall |

Dr. Hibbard

Dr. Bouldard

209 Plaza Tami

411 Richards R-O



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 Clayton K. Barnes

Licensed Embalmer No. 4793

P. O. Address K. C., Mo.

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.