

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028994

FILED VS AUG 21 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3836 STATE FILE NUMBER

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution, give institution)   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kansas City</u>  |   | a. STATE <u>Kansas</u>  | b. COUNTY <u>Atchison</u>  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital, 5331 Highland</u>  |   | c. CITY OR TOWN <u>Atchison</u>   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |
| d. STREET ADDRESS <u>RR 2</u>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>William</u> Middle <u>Burke</u> Last <u>Burke</u>  |   |   | 4. DATE OF DEATH<br>Month <u>Aug</u> Day <u>7</u> Year <u>1959</u>   |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9/8/1889</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>  | 9. AGE (last birthday) <u>70</u>   |
| 11. BIRTHPLACE (City and state or country) <u>Troy, Kansas U.S.A.</u>  |   | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>   |  |
| 13. FATHER'S NAME <u>John Burke</u>  |   | 14. NAME OF HUSBAND OR WIFE <u>none</u>   |  |
| 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>unknown</u>  |  |
| 17. INFORMANT <u>Agnes Burke</u>   |   | Address <u>Atchison, Kansas</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 wks</u>   |
| DUE TO (b) <u>Arteriosclerosis</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).<br><u>Heart Block</u>   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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 1b.)  |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>3/19/58</u> to <u>8/7/59</u> and last saw <sup>her</sup> him alive on <u>8/5/59</u> .<br>Death occurred at <u>5:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE <u>Joseph A. Fogarty</u> (Degree or title)  |   | 22b. ADDRESS <u>402 Northman Bldg. C Mo</u>   | 22c. DATE SIGNED <u>8/7/59</u>   |
| 23a. FUNERAL CREMATION, (Specify)  | 23b. DATE <u>8-8-59</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>Atchison Kansas</u>   | 23d. LOCATION (City, town, or county) (State)  |
| 24. FUNERAL DIRECTOR <u>Narouff-Buis, Atchison Kansas</u>  |   | 25. DATE RECD. BY LOCAL REG. <u>8-8-59</u>  | 26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>   |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John R. B...

Licensed Embalmer No. 453

P. O. Address Kansas

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