

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18182

State File No. _____

2527

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>35 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Lee's Summit</u>	<u>7001</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Luke Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>E. 5th St & Hamblin Rd</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u> b. (Middle) <u>Lilburn</u> c. (Last) <u>Muckey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 15-53</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 22-1894</u>		9. AGE (In years last birthday) <u>57</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 HRS: Hours _____ Min. _____
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>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Mendon Mo</u>	
10c. FATHER'S NAME <u>Carl Muckey</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Woods</u>		14. NAME OF HUSBAND OR WIFE <u>Irene Muckey</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Le Roy Muckey Lee's Summit 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)	
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? _____	

22. I, hereby certify that I attended the deceased from May 14 1953, to May 15, 1953, that I last saw the deceased alive on May 15, 1953, and that death occurred at 7:45 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>A. W. Robinson</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>4635 Wyandotte Kc Mo</u>		23c. DATE SIGNED <u>May 16 '53</u>	
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>May 18-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit</u>	
24d. LOCATION (City, town, or county) (State) <u>Lee's Summit Mo</u>		DATE REC'D BY LOCAL REG. <u>5-16-53</u>		REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>M.B. Langford</u>		ADDRESS <u>Lee's Summit Mo</u>			

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

300
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

M. B. Langford

Signed.....
Student Embalmer

Licensed Embalmer No. *3833*

P. O. Address *Lee's Summit*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.