

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42353**  
Registrar's No. **5592**

FILED DEC 15 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **393** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>CLAY</b>	
b. CITY OR TOWN <b>KANSAS CITY NORTH</b>	c. LENGTH OF STAY (In this place) <b>30 YRS</b>	c. CITY OR TOWN <b>KANSAS CITY NORTH</b>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4128 N. MONROE</b>		e. STREET ADDRESS (If rural, give location) <b>4128 N. MONROE 5078</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GUY</b> b. (Middle) <b>RANEY</b> c. (Last) <b>RANEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 25 1953</b>	
5. SEX <b>D</b> <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB 5, 1892</b>
9. AGE (In years last birthday) <b>61</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SWITCHMAN BURLINGTON R.R.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>SHELburn, IND.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13. FATHER'S NAME <b>John RANEY</b>	

13b. MOTHER'S MAIDEN NAME <b>ELLA FLETCHER</b>	14. NAME OF HUSBAND OR WIFE <b>MAE RANEY</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	16. SOCIAL SECURITY NO. <b>707-07-6814</b>
17. INFORMANT'S SIGNATURE OR NAME <b>MRS. MAE RANEY</b> ADDRESS <b>4128 N. MONROE</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Looney Acclusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yr.</b>
	ANTECEDENT CAUSES MORbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Crown artery disease</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>4201</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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) m.	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 **1940** to **NOV. 25 1953** that I last saw the deceased alive on **11-25-53**, 19**53**, and that death occurred at **8: A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Melvin Langhus</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>10 Kansas City Mo</b>	23c. DATE SIGNED <b>11-27-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>11/28/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FLORAL HILLS CEM.</b>
24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MO</b>	DATE REC'D BY LOCAL REG. <b>11-27-53</b>	
REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>	FUNERAL DIRECTOR'S SIGNATURE <b>D.W. NEWCOMERS SONS</b> ADDRESS <b>N.K.C. MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....  
*Glenn H. Hill*

Licensed Embalmer No. *4586*

P. O. Address *K.C. 16, 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.