

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-033163

State File No. ....

FILED OCT 9 1958

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>4239</u>		Registrar's No. <u>204</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Lee's Summit</u> )		a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>	
c. LENGTH OF STAY (in this place) <u>8</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is 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 <u>50 Highway &amp; Ward Road</u>				STREET ADDRESS (If rural, give location) <u>6037 Forest</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ray</u>		b. (Middle)		c. (Last) <u>Muckey</u>	
4. DATE OF DEATH		(Month) <u>10</u>		(Day) <u>3</u>		(Year) <u>1958</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 18 1905</u>	
9. AGE (in years last birthday) <u>53</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cattle Feeder &amp; buyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cattle</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lee's Summit Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Carl Muckey</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Woods</u>		14. NAME OF HUSBAND OR WIFE <u>Edythe Muckey</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>487-38-8748</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edythe Muckey Kansas City Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Arteriosclerosis</u>		DUE TO (b) <u>Coronary arteriosclerosis</u>				<u>3 yrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 type="checkbox"/> NO <input checked="" 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) <u>4201</u> <u>2</u>			
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 <u>1955</u> , 19 <u>55</u> , to <u>Oct. 4 1958</u> that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:00 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>O W Robinson</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>463 W. Grand St.</u>		23c. DATE SIGNED <u>10-4-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/6/1958</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>10/5/58</u>		REGISTRAR'S SIGNATURE <u>W B Langsford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Langsford Funeral Home Lee's Summit Mo.</u>			

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 *M. B. Langford* Licensed Embalmer No. *503* P. O. Address *Lees Summit*

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.