

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH5134 State File No. 228725
REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 648

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. Joseph Rural: Washington Twn.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Washington Twn. 0110	
c. LENGTH OF STAY (in this place) 60 yrs.		d. STREET ADDRESS (If rural, give location) R. F. D. # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. F. D. # 2			
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) — c. (Last) Muckelston			4. DATE OF DEATH (Month) (Day) (Year) May 23, 1950
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Aug. 6, 1884
9. AGE (In years last birthday) 65		# UNDER 1 YEAR Months Days	# UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Elevator Oper.		10b. KIND OF BUSINESS OR INDUSTRY Dept. Store	11. BIRTHPLACE (State or foreign country) Weston, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE M Emma Muckelston
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Emma Muckelston-St. Joseph, Missouri
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPERTENSIVE HEART DISEASE</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 MONTHS</u> ANTECEDENT CAUSES DUE TO (b) <u>HYPERTENSION</u> DUE TO (c) _____ UNKNOWN II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> <u>443X</u>	
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) XXXX		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXXX	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) XXXX
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) XXXXXX		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <u>AT WORK</u>	21f. HOW DID INJURY OCCUR? XXXX
22. I hereby certify that I attended the deceased from <u>Mar 21</u> , 19 <u>50</u> , to <u>May 23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-24</u> , 19 <u>50</u> , and that death occurred at <u>9:30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Allen Sherman</u> M.D.		23b. ADDRESS <u>The Kirkpatrick, Bldg. St. Joseph, Missouri</u>	23c. DATE SIGNED <u>5-25-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/26/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>June 2, 1950</u>		REGISTRAR'S SIGNATURE <u>B. C. Jenkins</u> 382	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stamey Funeral Home - St. Joseph, Missouri</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.

Signed _____

Charles E. Bennett

Signed.....

Student Embalmer

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph*

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