

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13038

State File No.

1701

APR 26 1952

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>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>41 years</u>		3568	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3431 South Benton</u>		d. STREET ADDRESS (If rural, give location) <u>3431 South Benton</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Luther</u> b. (Middle) <u>NATHAN</u> c. (Last) <u>Musser</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April-12-1952</u>		
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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>Sept 5-1856</u>	9. AGE (In years last birthday) <u>95</u>	10 UNDER 1 YEAR Months Days	10 UNDER 1 HRS. Hour Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LAWYER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own office</u>	11. BIRTHPLACE (State or foreign country) <u>PINE GROVE MILLS, PENNSYLVANIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.B.</u>
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13a. FATHER'S NAME <u>JONATHAN MUSSEY</u>	13b. MOTHER'S MAIDEN NAME <u>MATILDA STOUER</u>	14. NAME OF HUSBAND OR WIFE <u>LUCY M MUSSEY</u>
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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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lud Mussey</u> ADDRESS <u>1906 E 59th St</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>331 h</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Atherosclerosis</u> 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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 3-25, 1952, to 4-12-52, 1952, that I last saw the deceased alive on 4-11, 1952, and that death occurred at 1:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Geo. O. Kealhofer</u> (Degree or title)	23b. ADDRESS <u>4050 Riverside Drive</u>	23c. DATE SIGNED <u>4-12-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 14-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-14-52</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Hurcomer</u> ADDRESS <u>One, Kansas City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

WFE 2432

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.....
Student Embalmer

Signed *Bernard A. Brown*

Licensed Embalmer No. *4250*

P. O. Address *A.C. Me*

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.