No. 300
10.48

FILED JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20598

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2542

1. PLACE OF DEATH

a. COUNTY: JACKSON

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY

c. LENGTH OF STAY (in this place): 20 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 300 E. ARMOUR BLVD.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: MISSOURI

b. COUNTY: JACKSON

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY

d. STREET ADDRESS (If rural, give location): 300 E. ARMOUR BLVD.

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3. NAME OF DECEASED (Type or Print)

a. (First): EARL

b. (Middle): SMITH

c. (Last): MULLEY

4. DATE OF DEATH (Month) (Day) (Year): 6-4-52

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: NOV. 6, 1883

9. AGE (In years last birthday): 68 — 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): PRES. OF AMERICAN SERVICE CO.

10b. KIND OF BUSINESS OR INDUSTRY: /

11. BIRTHPLACE (State or foreign country): ILLINOIS

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: DANIEL MULLEY

13b. MOTHER'S MAIDEN NAME: OLIVE SMITH WEST

14. NAME OF HUSBAND OR WIFE: ESTHER MULLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: — —

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: JUNE ANN EDWARDS - PLATTE CITY, MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Atherosclerosis

DUE TO (c) Coronary Occlusion — 4 yr

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 ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, *1951, to* 6-4, *1952, that I last saw the deceased alive on* 6-4, *1952, and that death occurred at* 9:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE William L. Mundy (Degree or title): William L. Mundy, M.D. MD

23b. ADDRESS: 420 Professional Bldg.

23c. DATE SIGNED: 6-4-52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Entombment

24b. DATE: 6-6-52

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Mausoleum

24d. LOCATION (City, town, or county) (State): K.C. Mo.

DATE REC'D BY LOCAL REG.: 6-5-52

REGISTRAR'S SIGNATURE: Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: STINE & MC CLURE, KANSAS CITY, MO

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed F. D. Walton

Signed.....
Student Embalmer

Licensed Embalmer No. 2 7 4 4

P. O. Address Keene

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

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