

MAR 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4102**
Registrar's No. **252**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5134** **5134**

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 (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Washington Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 3 years		d. STREET ADDRESS (If rural, give location) 2813 Lafayette St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1 1/2 miles south of St. Joseph on Sparta Road			

3. NAME OF DECEASED (Type or Print) a. (First) Lucinda b. (Middle) S. c. (Last) Roundy			4. DATE OF DEATH (Month) (Day) (Year) February 29, 1952		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 2	8. DATE OF BIRTH November 21, 1881	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John J. Sheridan	13b. MOTHER'S MAIDEN NAME Louisa Ashton	14. NAME OF HUSBAND OR WIFE Collis I. Roundy
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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) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME John S. Roundy ADDRESS 2813 Lafayette, St. Joseph, MO
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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 2 days second year second year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) chronic myocarditis		
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) _____	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4221
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22. I hereby certify that I attended the deceased from **Feb 26**, 1952, to **Feb 29, 1952**, that I last saw the deceased alive on **Feb 29, 1952**, and that death occurred at **6:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Collis Roundy M.D. (Degree or title)	23b. ADDRESS 7th & 1st St. N. S. J.	23c. DATE SIGNED March 5-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 3-6-52	24c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory	24d. LOCATION (City, town, or county) (State) Kansas City Missouri
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DATE REC'D BY LOCAL REG. March 5, 1952	REGISTRAR'S SIGNATURE Carl C. Cash	25. FUNERAL DIRECTOR'S SIGNATURE Walter Bowman ADDRESS Funeral Home St. Joseph Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0110

VS JUN 26 1961

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
Student Embalmer

Signed _____

Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 317 5th St. 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.