

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37746**

DEC 1 1952

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1217	
1. PLACE OF DEATH a. COUNTY Buchanan b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph c. LENGTH OF STAY (in this place) 7 Mo. d. FULL NAME OF HOSPITAL OR INSTITUTION 1222 5th Ave.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph d. STREET ADDRESS (If rural, give location) 1222 5th Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Leland b. (Middle) Leo c. (Last) Lundy			4. DATE OF DEATH (Month) (Day) (Year) Nov. 18 1952				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 11, 1905	
9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Set Glass		11. BIRTHPLACE (State or foreign country) Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Arthur S. Lundy			13b. MOTHER'S MAIDEN NAME Della Wilson		14. NAME OF HUSBAND OR WIFE Neda Lundy		
15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, OR MARINE CORPS? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 500-07-7863		17. INFORMANT'S SIGNATURE OR NAME Mrs. Leland L. Lundy, St. Joseph			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self Inflicted gunshot ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Wound in the head DUE TO (c) Man shot himself with a 22 caliber rifle while alone in the basement of his home					INTERVAL BETWEEN ONSET AND DEATH 1 day.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E976X					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Nov 18 - 1952 12:15 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Bullet wound into right temple			
22. I hereby certify that I ^{viewed} examined the deceased from on 11/18, 1952 , to 19 , that I last saw the deceased alive on 19 , and that death occurred at 1:27 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE H. F. Mundy M.D. (Coroner)				23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 11/18/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 18, 1952		24c. NAME OF CEMETERY OR CREMATORY Eagleville Cemetery Eagleville, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. Nov. 25, 1952		REGISTRAR'S SIGNATURE Carl C. Casto		25. FUNERAL DIRECTOR'S SIGNATURE Victor Barry St. Joseph Mo			

(Licensed Embalmers' 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 _____

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Victor Barry

Licensed Embalmer No. 1 P212

P. O. Address St Joseph Mo.

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.