

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6238**
Registrar's No. **794**

No. 300
10.48

FILED FEB 27 1953

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 15 yrs.		d. STREET ADDRESS (If rural, give location) 2435 Chelsea	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital			

35490

3. NAME OF DECEASED a. (First) Julia b. (Middle) C. c. (Last) Richelieu			4. DATE OF DEATH (Month) (Day) (Year) 2 5 53			
5. SEX Fe.	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-18-1888	9. AGE (In years last birthday) 64	10. UNDER 1 YEAR Months Days	11. UNDER 10 YRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Ireland		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Michael Rohan	13b. MOTHER'S MAIDEN NAME Mary Moynihan	14. NAME OF HUSBAND OR WIFE L. H. Richelieu
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna German 5539 Brooklyn KCMO.

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 years 2
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes mellitus		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular disease DUE TO (c) Generalized Arteriosclerosis		
11. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. Pneumonitis		260X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE (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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-18, 1950** to **2-5, 1953**, that I last saw the deceased alive on **2-5, 1953**, and that death occurred at **9:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. A. Underwood (Degree or title) M.D.	23b. ADDRESS 4712 1/2 E. 24th	23c. DATE SIGNED 2/6/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-7-53	24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) Kansas City		(State) Mo.

DATE REC'D BY LOCAL REG. 2-6-53	REGISTRAR'S SIGNATURE Sheldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar KCMO.
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(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Underwood
4712 1/2 E 24
Jess

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 _____

J. A. Bryan

Licensed Embalmer No. _____

P. O. Address _____

2009
K. C. Dm.

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.