

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039048

FILED VS NOV 23 1959

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

ENDED

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY Buchanan | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | a. STATE Missouri b. COUNTY Buchanan | | c. CITY OR TOWN St. Joseph | |
| Length of stay in 1b 48 yrs. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS 821 Parker Street | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) JOHN ROUND | | | | 4. DATE OF DEATH November 12, 1959 | | | |
| 5. SEX Male | | 6. COLOR OR RACE Caucasian | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH Jan. 31, 1885 | |
| 9. AGE (last birthday) 74 yrs. | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector | | 10b. KIND OF BUSINESS OR INDUSTRY Swift & Co. Packing Pt. | | 11. BIRTHPLACE (City and state or country) Nemaha Co., Kansas | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME George Round | | 13b. MOTHER'S MAIDEN NAME Emma Parkhurst | | 14. NAME OF HUSBAND OR WIFE Mrs. Susan E. Round | |
| 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. 487-05-1473 | | 17. INFORMANT Mrs. Susan E. Round, 821 Parker St., St. Joseph, Mo. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | | | INTERVAL BETWEEN ONSET AND DEATH three years |
| IMMEDIATE CAUSE (a) Arteriosclerotic heart disease | | | | | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>dead on arrival</u> to _____ and last saw <u>him</u> alive on _____ Death occurred at <u>about 3:00 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <i>E. J. Carpenter M.D.</i> (Degree or title) | | | | 22b. ADDRESS 902 Edmond Street | | 22c. DATE SIGNED 11-17-59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 11/14/59 | | 23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Joseph Missouri | |
| 24. FUNERAL DIRECTOR <i>Stoney Funeral Home (GAS)</i> ADDRESS St. Joseph, Mo. | | | 25. DATE RECD. BY LOCAL REG. Nov. 19, 1959 | | 26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Standell</i> | | |

DOCUMENT

G. J. Carpenter, M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.