

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 17 1954

State File No. **16145**  
**1818**

BIRTH NO. **4086-23093-54** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1818**

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 city or township) OR TOWN **KANSAS CITY**

c. CITY OR TOWN **KANSAS CITY** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. VINCENT'S Hospital**

e. STREET ADDRESS (If rural, give location) **2403 BALES**

3. NAME OF DECEASED  
a. (First) **INFANT** b. (Middle) **—** c. (Last) **Rounds**

4. DATE OF DEATH (Month) (Day) (Year) **APRIL 19, 1954**

5. SEX **MALE** 6. COLOR OR RACE **NEGRO**

7. MARRIED ~~NEVER MARRIED~~ WIDOWED, DIVORCED (Specify) **—**

8. DATE OF BIRTH **APRIL 15, 1954** 9. AGE (In years last birthday) Months Days Hours Min. **3 4 15**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **—**

10b. KIND OF BUSINESS OR INDUSTRY **—**

11. BIRTHPLACE (City and State or Foreign Country) **KANSAS CITY, MISSOURI**

12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Mackinley Rounds**

13b. MOTHER'S MAIDEN NAME **ODESSA LENER DREW**

14. NAME OF HUSBAND OR WIFE **—**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **—**

16. SOCIAL SECURITY NO. **—**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **ODESSA LENER Rounds 2403 BALES**

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) **Immaturity due to prematurity.**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **—**  
DUE TO (c) **—**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
**776h**

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 **4/15, 1954** to **APRIL 19, 1954**, that I last saw the deceased alive on **April 17, 1954**, and that death occurred at **11:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE AND TITLE **Andrie J. Renaud M.D.** (Degree or title) **0**

23b. ADDRESS **Kansas City, Mo.**

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **4-30-54**

24c. NAME OF CEMETERY OR CREMATORY **Leads**

24d. LOCATION (City, town, or county) (State) **Kansas City, Mo.**

DATE REC'D BY LOCAL REG. **4-22-54**

REGISTRAR'S SIGNATURE **Seraldine Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Wm. A. Lohmeyer City Mortician**

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

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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.....

Licensed Embalmer No.....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.