

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. **31299**
State File No. **875**

FILED SEP 29 1952

BIRTH NO. **59579** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **875**

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) 2107 N. GLENSTONE	
d. FULL NAME OF HOSPITAL OR INSTITUTION BAPTIST HOSP.			

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
INFANT DAUGHTER OF MR. MRS. LELAND CASSITY				SEPT. 22, 1952

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH SEPT. 22, 1952	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months 0 Days 30	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY - - - - -		11. BIRTHPLACE (City and State or Foreign Country) SPRINGFIELD, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME LELAND CASSITY	13b. MOTHER'S MAIDEN NAME EUNICE GOOCH	14. NAME OF HUSBAND OR WIFE X
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME LELAND CASSITY	ADDRESS SPRINGFIELD, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Anoxia		INTERVAL BETWEEN ONSET AND DEATH 30 Minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Immature Birth 5 1/2 months		
	DUE TO (c) Cord about Neck & Construction?		
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 None	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9-22-1952** to **9-22-1952** that I last saw the deceased alive on **9-22-1952**, and that death occurred at **10:40 pm**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Raymond C. Conrad, M.D.	23b. ADDRESS Springfield, Mo	23c. DATE SIGNED 9-23-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9/23/52	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.
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DATE REC'D BY LOCAL REG. 9-24-52	REGISTRAR'S SIGNATURE Edith Williamson Registrar	25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER	ADDRESS SPRINGFIELD, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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.

THIS BODY WAS NOT EMBALMED.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.