S. No. 300
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FILED SEP 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Conrad
State File No. 31334

BIRTH NO. 59688 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 834

0396

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

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BAPTIST HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: GREENE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD 0396
d. STREET ADDRESS (If rural, give location): 1751 CHERRY ST.

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): DENZIL
c. (Last): MORTENSON

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 11, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Sept. 11, 1952
9. AGE (In years last birthday): — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -
11. BIRTHPLACE (City and State or Foreign Country): Springfield, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: HARRY E. MORTENSON
13b. MOTHER'S MAIDEN NAME: DORIS BATEMAN
14. NAME OF HUSBAND OR WIFE: * * *

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Harry E. Mortenson, 1751 Cherry St
ADDRESS:

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): 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): Compression Umbilical Cord weeks?
Cord wrapped 8 times around left lower leg.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple Congenital Deformities

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None 7610
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* 9-11-, 1952, *to* 9-11, 1952, *that I last saw the deceased alive on* 9-11, 1952, *and that death occurred at* 9:45 a.m., *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: 9-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/12/52
24c. NAME OF CEMETERY OR CREMATORY: Eastlawn Cemetery
24d. LOCATION (City, town, or county) (State): Springfield, Mo.

DATE REC'D BY LOCAL REG.: 9-15-52
REGISTRAR'S SIGNATURE: Edith Williamson Deputy Registrar
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Herman H. Lohmeyer, Springfield

(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.

Student .....
Student Embalmer

Signed: Lucien T. Swadley

Licensed Embalmer No. 4815

P. O. Address Springfield

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.