

No. 300
10.48

FILED OCT 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29878

State File No. _____

BIRTH NO. 67665-54 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1063

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. CITY OR TOWN St. Joseph | |
| c. LENGTH OF STAY (If this place) 1 day | | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital | | e. STREET ADDRESS (If rural, give location) 1113-1/2 Garfield Ave. 01170 | |

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|--|----------------------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print) INFANT SON MR. & MRS. ORVILLE MORTIMORE | | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 1 1954 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant | 8. DATE OF BIRTH October 1, 1954 | | 9. AGE (In years last birthday) / IF UNDER 1 YEAR / MONTHS / IF UNDER 12 HOURS / HOURS / MIN. 10 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (City and State or Foreign Country) St. Joseph Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? U S A | | | | | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME Orville John Mortimore | | 13b. MOTHER'S MAIDEN NAME Shirley Ann Duncan | | 14. NAME OF HUSBAND OR WIFE None | |
| 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. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Orville Mortimore St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>prematurely</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>atelectasis</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 7625 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) (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 Oct 1, 1954 to Oct 1, 1954, that I last saw the deceased alive on Oct 1, 1954, and that death occurred at 7:00P m., from the causes and on the date stated above.

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|--|--|---|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> | | 23b. ADDRESS <u>Doctors Bldg, City</u> | | 23c. DATE SIGNED <u>10-4-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE October 2, 1954 | | 24c. NAME OF CEMETERY OR CREMATORY Green Cemetery | |
| | | 24d. LOCATION (City, town, or county) (State) Andrew County, Missouri | | | |

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|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. Oct 7, 1954 | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 485 2. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James Funeral Home St. Joseph, Mo</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. *462*

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.