

34610

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10. 48

FILED NOV 14 1951

BIRTH NO.

REG. DIST. NO. 278PRIMARY REG. DIST. NO. 3054Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana</u>	
c. LENGTH OF STAY (In this place) <u>2 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>11th and North Carolina St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>11th and North Carolina St.</u>			
3. NAME OF DECEASED a. (First) <u>ESTER</u>		b. (Middle) <u>FINCKNAUR</u>	
c. (Last) <u>LEWELLEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 24, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 24, 1909</u>
9. AGE (In years last birthday) <u>42</u>		10. UNDER 1 YEAR (Months) <u>3</u>	11. UNDER 18 HRS. (Days) (Hours) (Min.) <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Nurse</u>	11. BIRTHPLACE (State or foreign country) <u>Burnham, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>Edward M. White</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie S. Connley</u>	
14. NAME OF HUSBAND OR WIFE <u>Charles P. Lewellen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>C. P. Lewellen, Louisiana, Missouri</u>		ADDRESS <u>Louisiana, Missouri</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>overdose of sedative</u> DUE TO (c) <u>self administered</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>082</u>			
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 _____, 19____, to _____, 19____, that I last saw the deceased <u>live on Oct 24, 1951</u> , and that death occurred at <u>12:0 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. G. Mudd</u>		23b. ADDRESS <u>Couwen 3 Baulding Green Mo.</u>	
23c. DATE SIGNED <u>Oct 26 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/26/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Louisiana, Missouri</u>	
DATE REC'D BY LOCAL REG <u>Oct 26/1951</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>374</u>		ADDRESS <u>Sterne Funeral Home, Louisiana, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: NOV 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 11-57-1990
Date Filed: NOV 8 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *J. B. Sterne*

Licensed Embalmer No. 14039

P. O. Address *St. Louisianar*

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.