

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. LEWIN
709 E. Elm 34661
State File No. 972

FILED NOV 3 1952

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| BIRTH NO. _____ | | REG. DIST. NO. 128 | PRIMARY REG. DIST. NO. 2000 | Registrar's No. 972 |
| 1. PLACE OF DEATH a. COUNTY GREENE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. 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 0396 | | |
| c. LENGTH OF STAY (In this place) 20 YRS. | | d. STREET ADDRESS (If rural, give location) 901 E. BELMONT | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 632 E. ELM | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) LAZINKA b. (Middle) CHAPPELL c. (Last) BRIDWELL | | 4. DATE OF DEATH (Month) (Day) (Year) OCT. 28, 1952 | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH JAN. 2 1879 | 9. AGE (In years less birthday) 73 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done in regular working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY HOME | | 11. BIRTHPLACE (City and State or Foreign Country) PIERCE CITY, MISSOURI |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | |
| 13a. FATHER'S NAME RUBEN CHAPPELL | | 13b. MOTHER'S MAIDEN NAME (?) | | 14. NAME OF HUSBAND OR WIFE ELMER P. BRIDWELL |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. NO | | 17. INFORMANT'S SIGNATURE OR NAME ELMER P. BRIDWELL ADDRESS SPRINGFIELD, MO. |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Malignant Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | INTERVAL BETWEEN ONSET AND DEATH 1 day 18 years |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION 331X | | 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) _____ | | 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 5-26 , 19 52 to 10-28 , 19 52 , that I last saw the deceased alive on 10-28 , 19 52 , and that death occurred at 7:20 a.m. , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE [Signature] (Degree or title) D.O. | | 23b. ADDRESS 709 E. Elm Springfield Mo | | 23c. DATE SIGNED 10-29-52 |
| 24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) BURIAL | | 24b. DATE 10/31/52 | | 24c. NAME OF CEMETERY OR CREMATORY ODD FELLOWS |
| 24d. LOCATION (City, town, or county) (State) MONETT, MISSOURI | | | | |
| DATE REC'D BY LOCAL REG. 10-29-52 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER ADDRESS SPRINGFIELD, MO. |

(Licensed Embalmer's Statement on Reverse Side)

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

0396

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 W. L. McCann

Licensed Embalmer No. 2727

P. O. Address Springfield Mo

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.