MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-010107
STATE FILE NUMBER

AMENDED

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 39

FILED APR 5 1961

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA
Length of stay in 1b 58 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike County Hospital
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Pike
c. CITY OR TOWN LOUISIANA
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 215 N 3rd St.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ZUMA Middle ANN Last NORD
4. DATE OF DEATH Month APRIL Day 1 Year 1961
5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 8-7-82
9. AGE (last birthday) 78
IF UNDER 1 YEAR Months Days; IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (City and state or country) CURRYVILLE Mo
12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME WS BRIDWELL
13b. MOTHER'S MAIDEN NAME ARAMINTA CHAMBERLAIN
14. NAME OF HUSBAND OR WIFE —
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 CHAS NORD Address LOUISIANA MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 3 mths
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of right lung — 11Mths+
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1955, to 4/1/61 and last saw her alive on 4/1/61
Death occurred at 5:25 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chas H Lewellen (Degree or title) M.D.
22b. ADDRESS Louisiana, Missouri
22c. DATE SIGNED 4/1/61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 4-3-61
23c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEM
23d. LOCATION (City, town, or county) LOUISIANA (State) MO
24. FUNERAL DIRECTOR GEO M COLLIER ADDRESS LOUISIANA, MO
25. DATE RECD. BY LOCAL REG. Apr 3-61
26. REGISTRAR'S SIGNATURE Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed_____
Signature of Student Embalmer

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.