

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28540**

FILED SEP 7 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **8084** Registrar's No. **105**

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>PIKE</b>	
b. CITY OR TOWN <b>LOUISIANA</b>		c. CITY OR TOWN <b>LOUISIANA</b>	
c. LENGTH OF STAY (in this place) <b>NEAR</b>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If in hospital, or institution, give street address or location) HOSPITAL OR INSTITUTION <b>PIKE COUNTY HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>519 So. THIRD ST.</b>	

3. NAME OF DECEASED (Type or Print) <b>CORDELIA ALICE BASKETT BUNDIES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUG 25, 1954</b>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>AUG 25, 1868</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MORRIS CHAPEL, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>MORRIS</b>		13b. MOTHER'S MAIDEN NAME <b>McGAVICK</b>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. ANDY COADES - LOUISIANA, MO</b>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive Lobar pneumonia, right</b>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <b>Fracture of hip</b>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <b>E9040 21</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Louisiana Pike 082 Missouri</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Aug. 18, 1954 m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>patient fell</b>	
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I hereby certify that I attended the deceased from **Aug. 20, 1954**, to **8/25/54**, that I last saw the deceased alive on **8/25/54**, 19**54**, and that death occurred at **11:45A** m., from the causes and on the date stated above.

22. SIGNATURE (Degree or title) <b>[Signature]</b>		23b. ADDRESS <b>M.D. Louisiana, Missouri</b>		23c. DATE SIGNED <b>8/26/54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>AUG. 27, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FURDIN CEM</b>		24d. LOCATION (City, town, or county) (State) <b>FURDIN, MISSOURI</b>	
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DATE REC'D BY LOCAL REG. <b>Aug 28 1954</b>		REGISTRAR'S SIGNATURE <b>Bernice Collier</b>		374		25. GENERAL DIRECTOR'S SIGNATURE <b>Geo. M. Collier</b>		ADDRESS <b>Louisiana, Mo</b>	
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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 *Geo. M. Collier*.....

Licensed Embalmer No. *283*.....

P. O. Address *Louisiana*.....

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.