

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004834

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 336  
 FILED JAN 23 1963

Primary Registration District No. 4493

Registrar's No. 171

VS 300 Rev. 4/59	DATE AMENDED
1 10-10	
2 0-331	
3	
4 1	
5 2	
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7 0	
8 0	
9 163X	
10	
11	
12 96-2	
13 1-0	
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF
ITEM NO.	SHOULD READ
	BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Shannon County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Dent</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Birch Tree, Mo.</b>		Length of stay in 1b <b>1 yr</b>	c. CITY OR TOWN <b>Salem, Missouri</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence, Birch Tree, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>South Pershing, Salem, Mo.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Lula Tedder</b>		4. DATE OF DEATH Month <b>Jan.</b> Day <b>8,</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-8-1894</b>
9. AGE (last birthday) <b>68</b>		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) <b>Seamstress</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Garment Factory</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>John Lee Nickles</b>	13b. MOTHER'S MAIDEN NAME <b>Linnie Enke</b>
14. NAME OF HUSBAND OR WIFE <b>Clarence Tedder</b>		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.
17. INFORMANT Address <b>Vernice Tedder Birch Tree, Mo</b>		18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Mitostatic Carcinoma</b> DUE TO (b) <b>Carcinoma of lung</b> DUE TO (c) <b>Carcinoma of lung</b> CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown INTERVAL BETWEEN ONSET AND DEATH <b>10 months</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 <b>March 2, 1962</b> to <b>Jan. 8, 1963</b> and last saw her <b>Jan. 8, 1963</b> alive on <b>Jan. 8, 1963</b> . Death occurred at <b>10:00 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>H. J. Bawson S.O.</b>		22b. ADDRESS <b>Birch Tree Mo</b>	22c. DATE SIGNED <b>1/8/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-12-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cedar Grove Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Salem, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>SPENCER FUNERAL HOME INC. Salem, Mo. 1-22-63</b>		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <b>Walter J. Allen</b>

USE BLACK INK OR TYPEWRITER RIBBON

