

**CERTIFICATE OF DEATH  
STATE OF NEW MEXICO**

5697 32  
COUNTY NO.

BIRTH NO. _____		1. PLACE OF DEATH a. COUNTY <b>LOS ALAMOS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>NEW MEXICO</b> b. COUNTY <b>LOS ALAMOS</b>	
b. CITY (If outside corporate limits write RURAL) OR TOWN <b>LOS ALAMOS</b>		c. LENGTH OF STAY (in this place) <b>5 years</b>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <b>LOS ALAMOS</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <b>LOS ALAMOS MEDICAL CENTER</b>		d. STREET ADDRESS (If rural, give location) <b>973 SPRUCE STREET</b>			
3. NAME OF DECEASED (TYPE OR PRINT) a. (First) <b>OPAL</b>		b. (Middle) <b>LEE</b>		c. (Last) <b>JORDAN</b>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11 1 53</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>APRIL 15, 1926</b>		9. AGE (In years last birthday) <b>27</b>	
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 _____		11. BIRTHPLACE (State, County or foreign country) <b>TENNESSEE</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>ROBBIE NORWOOD</b>		14a. MOTHER'S MAIDEN NAME <b>PEARL BOND</b>	
14b. Husband or wife of decedent <b>LEWIS E. JORDAN</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>413-32-9487</b>		17. INFORMANT'S NAME ADDRESS <b>LEWIS E. JORDAN, LOS ALAMOS, N.M.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <b>173</b>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>GLIOBLASTOMA OF BRAIN</b>		Interval Between Onset and Death <b>APPROXIMATELY 4 or 5 mos. ??</b>	
*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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
		DUE TO (c) <b>BRONCHO PNEUMONIA</b>			
19a. DATE OF OPERATION <b>Oct. 16, 1953</b>		19b. MAJOR FINDINGS OF OPERATION <b>GLIOBLASTOMA OF LEFT FRONTO-TEMPORAL AREA</b>		20a. INQUEST? Yes <input type="checkbox"/> No <input type="checkbox"/>	
20b. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		21a. ACCIDENT (Specify) <b>SUICIDE</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY OR TOWN) _____ (COUNTY) _____ (STATE) _____		21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY _____		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22a. MEDICAL CERTIFICATE I hereby certify that I attended the deceased from <b>November 1st, 1953</b> to <b>November 1st, 1953</b> and that I last saw <b>her</b> alive on <b>November 1st, 1953</b> and that death occurred at <b>6:50 P</b> M. on the date stated above.		22b. HEALTH OFFICER'S OR CORONER'S CERTIFICATE I hereby certify that an _____ was held on the remains of the deceased and it was determined from such action that deceased came to h_____ death at _____ M. on the date and from the causes stated above.	
23a. SIGNATURE <i>Paul W. North</i> (Degree or title) <b>PAUL W. NORTH, M.D.</b>		23b. ADDRESS <b>LOS ALAMOS, NEW MEXICO</b>		23c. DATE SIGNED <b>11-2-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE PERMIT ISSUED <b>11-2-53</b>		24c. DATE OF DISPOSAL _____	
24d. NAME OF CEMETERY OR CREMATORY _____		24e. LOCATION (City, town, or county) (State) _____			
25. DATE REC'D BY LOCAL REG. <b>11/3/53</b>		26. REGISTRAR'S SIGNATURE <i>Donna M. Dasey</i>		27. FUNERAL DIRECTOR <b>PRESTON MCGEE</b> ADDRESS <b>SANTA FE, NEW MEX.</b>	

The back of this document contains a binding margin. Only hold at angle. Do not write in this space.

PHS-798(VIS) REV. 4-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE

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CERTIFIED COPY OF VITAL RECORD  
This is a true and exact reproduction of all or part of the document officially registered and filed with the New Mexico Vital Records and Health Statistics, Public Health Division, Department of Health.



*Donna Dasey*  
State Registrar

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ADVERTENCIA: ES ILEGAL ATERAR, COPIAR O FALSIFICAR ESTE CERTIFICADO.

DATE ISSUED **21-Mar-11**