

FILED AUG 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23012**

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

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 122			
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin					
b. CITY (If outside corporate limits, write RURAL and give township) Washington, Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Ray Summit		36			
d. FULL NAME OF HOSPITAL OR INSTITUTION S. Francis Hospital				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) FRED			b. (Middle) A		f. (Last) NORDMAN		4. DATE OF DEATH (Month) (Day) (Year) 8 4 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1-22-1886		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 63 6 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Ruby Business		11. BIRTHPLACE (State or foreign country) Columbus, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Charles Nordman			13b. MOTHER'S MAIDEN NAME Elizabeth Redding		14. NAME OF HUSBAND OR WIFE Margaret Nordman				
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'S SIGNATURE OR NAME ADDRESS Margaret Nordman Ray Summit				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) gangrenous gall bladder ANTECEDENT CAUSES DUE TO (b) Cholesterolosis DUE TO (c) Cholecystitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peritonitis						INTERVAL BETWEEN ONSET AND DEATH 585X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION gangrenous gall bladder						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 July 30, 1949 to Aug 4, 1949 , that I last saw the deceased alive on Aug 4, 1949 , and that death occurred at 9:45 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE J. J. [Signature]				23b. ADDRESS Washington Mo		23c. DATE SIGNED 8-5-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 8, 1949		24c. NAME OF CEMETERY OR CREMATORY Lakewood Park		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri			
DATE REC'D BY LOCAL REG. Aug 5, 1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE 990 [Signature]		ADDRESS Washington Missouri			

RECEIVED
AUG 8 1949
District Health Officer No. 9,
District File Number

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.

Signed _____

M. W. Willenbink

Signed _____
Student Embalmer

Licensed Embalmer No. 4511

P. O. Address Washington, Missouri

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.

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