

S. No. 300
v. 10.45

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20929

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 ^{Missouri} Registrar's No. 204

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 517 Walnut St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Marion
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal 6644
d. STREET ADDRESS (If rural, give location) 517 Walnut Street

3. NAME OF DECEASED (Type or Print)
a. (First) Arthur b. (Middle) O c. (Last) Norde II
4. DATE OF DEATH (Month) (Day) (Year) June 6, 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH Nov. 23, 1882 9. AGE (In years last birthday) 67 6 MONTHS 14 DAYS

10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) Machinist 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hannibal, Missouri 12. COUNTRY OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Oloff Norde II 13b. MOTHER'S MAIDEN NAME Mary Johnson 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. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Olma Nordell, 517 Walnut, Hannibal, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion
*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 (b) Coronary artery disease
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) Arterio-sclerotic heart disease
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION
INTERVAL BETWEEN ONSET AND DEATH 1 day
2 yrs.
2 yrs
4500

20. AUTOPSY? YES NO
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) m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1930, to Jan 6, 1950; that I last saw the deceased alive on April 15, 1930, and that death occurred at 7 a. m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert Flannery MD 23b. ADDRESS 624 W. 1st St. Hannibal Mo 23c. DATE SIGNED 6/13/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial II 24b. DATE 6-9-50 24c. NAME OF CEMETERY OR CREMATORY MT Olive Cemetery 24d. LOCATION (City, town, or county) (State) Hannibal Marion MO

DATE REC'D BY LOCAL REG. 6-17-50 REGISTRAR'S SIGNATURE Dr. E. M. Lucken 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James O'Donnell Hannibal MO

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 22 1950
MARION CO. HEALTH DEPT.
DATE FILED JUN 23 1950

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
Student Embalmer

Signed *Michael J. O'Sullivan*

Licensed Embalmer No. 3246

P. O. Address Hannibal, Mo

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.