

FILED SEP 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29599

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135 Registrar's No. 338

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

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural....Ash Hill		c. LENGTH OF STAY (in this place) _____	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural....Ash Hill Twp.		d. STREET ADDRESS (If rural, give location) R.R. 1....Fisk, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. 1....Fisk, M.			

3. NAME OF DECEASED (Type or Print) DIZA NORDEN			4. DATE OF DEATH (Month) (Day) (Year) 8/19/1950		
a. (First)		b. (Middle)	c. (Last)		

5. SEX Fem!	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1/4/1867	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR 7 MONTHS 15 DAYS	IF UNDER 6 HRS. 0 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country), Illinois		12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME John Williamson		13b. MOTHER'S MAIDEN NAME Eliza Green		14. NAME OF HUSBAND OR WIFE Ernest Norden	
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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) No.	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Norden....Poplar Bluff, Mo.			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Renal disease.</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>					INTERVAL BETWEEN ONSET AND DEATH 4427
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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 <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 1950, to Aug 19, 1950, that I last saw the deceased alive on Aug 19, 1950, and that death occurred at 11P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H.S. Killip		23b. ADDRESS 2021 Fisk - Mo.		23c. DATE SIGNED Aug 23 1950	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/22/50	24c. NAME OF CEMETERY OR CREMATORY Brown Chapel	24d. LOCATION (City, town, or county) Butler Co., Mo. (State) Mo.		
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DATE REC'D BY LOCAL REG. Sept 5 - 1950	REGISTRAR'S SIGNATURE Wm H. Johnson	428	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FRANK *COTRELL....Poplar Bluff, Mo.		
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RECEIVED

SEP 14 1950

BUTLER CO. HEALTH CENTER

FILE No. 950-366

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 Scott A. Roberts

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, 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.