

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7664**

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY BULTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BULTER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - SE Ash Hill Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 5 MILES SOUTHWEST OF FISK, MISSOURI	
c. LENGTH OF STAY (in this place) 9 years			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 MILES SOUTHWEST OF FISK		d. STREET ADDRESS (If rural, give location) 5 MILES SOUTHWEST OF FISK, MISSOURI	

3. NAME OF DECEASED (Type or Print) a. (First) BARTLEY b. (Middle) BATMAN c. (Last) NORDEN			4. DATE OF DEATH (Month) (Day) (Year) 3 3 51					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10/22/1878	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 4	IF UNDER 1 YEAR Days 11	IF UNDER 1 HRS. Hours 	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) TENN. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME WATT NORDEN	13b. MOTHER'S MAIDEN NAME MARTHA HAMILTON	14. NAME OF HUSBAND OR WIFE COLA BELL NORDEN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) NO	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME LESLIE NORDEN	ADDRESS BERNIE
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) renal disease DUE TO (c) 		
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 442X	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)
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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?
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22. I hereby certify that I attended the deceased from July, 1946, to now, 1951, that I last saw the deceased alive on Mar 2, 1951, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) T. B. Smith, M.D.	23b. ADDRESS 202 1st	23c. DATE SIGNED 3/5/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/4/51	24c. NAME OF CEMETERY OR CREMATORY BERNIE CEMETERY	24d. LOCATION (City, town, or county) (State) BERNIE, MISSOURI
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DATE REC'D BY LOCAL REG. March 9-1951	REGISTRAR'S SIGNATURE Wm. H. Johnson	428	25. FUNERAL DIRECTOR'S SIGNATURE St. Charles	ADDRESS Bernie
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

APR 6 1951

BUTLER CO. HEALTH CENTER

FILE No. 451-136

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 J. D. Schuman.....

Licensed Embalmer No. 4086.....

P. O. Address Malden.....

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.