

STANDARD CERTIFICATE OF DEATH

State File No. **5595**

No. 300
10.48

BIRTH DATE **FEB 23 1954** REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048** Registrar's No. **618**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. LENGTH OF STAY (in this place) 19 das.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Skidmore rural	
		d. STREET ADDRESS (If rural, give location) 1 mi. S. 7 mi. E.	

3. NAME OF DECEASED (Type or Print)	a. (First) Herman	b. (Middle) Andrew	c. (Last) Nord	4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 10, 1874	9. AGE (In years last birthday) 79	if UNDER 1 YEAR Months Days 	if UNDER 24 HRS. Hours Min.
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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 (City and State or Foreign Country) Norway	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Henry Nord	13b. MOTHER'S MAIDEN NAME Jennie Gilbert	14. NAME OF HUSBAND OR WIFE Ella Nord
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ella Nord	ADDRESS Skidmore, Missouri
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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) arteriosclerotic heart disease		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis general DUE TO (c) 4200H		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of prostate			

19a. DATE OF OPERATION 2/10/54	19b. MAJOR FINDINGS OF OPERATION Carcinoma of prostate	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT 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 **2/8, 1954**, to **2/10, 1954**, that I last saw the deceased alive on **2/10, 1954**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE D. J. Blum (Degree or title) MD	23b. ADDRESS Maryville Mo	23c. DATE SIGNED 2-17-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/13/54	24c. NAME OF CEMETERY OR CREMATORY Essex Cemetery	24d. LOCATION (City, town, or county) (State) Essex Iowa
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DATE REC'D BY LOCAL REG. 2-20-54	REGISTRAR'S SIGNATURE Leas Holt	25. MEDICAL DIRECTOR'S SIGNATURE James H. Crawford	ADDRESS Mound City, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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

James H. Bradford

Licensed Embalmer No. *4796*

P. O. Address *Mound City, 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.