

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7712

STATE FILE NUMBER

327

FILED APR 1 - 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Holt		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Craig		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hosp.		Length of stay in 1b 1 day	d. STREET ADDRESS (If outside, give location) Unlisted		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Amanda Middle Last Nordloh			4. DATE OF DEATH Month March Day 20, Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH September 27, 1878	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home making	11. BIRTHPLACE (City and state or country) Craig, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Conrad Ideker			14. MOTHER'S MAIDEN NAME Mary Voltmer		
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 Address Emmett Ideker, Craig, Mo. (brother)		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Cervical Accident</i> Conditions, if any, which gave rise to above cause (a). <i>Toxic effect or 2nd & 3rd Burns</i> DUE TO (b) <i>9160</i> DUE TO (c) <i>16</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>16</i>					INTERVAL BETWEEN ONSET AND DEATH <i>2-3 hrs</i> <i>48 hrs</i>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <i>Burns caused by stove explosion & clothes on fire.</i>				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. <i>3-19-57</i>					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION <i>Craig</i>		20g. COUNTY <i>044</i>	STATE <i>Mo.</i>
21. I attended the deceased from <i>3-19-57</i> to <i>3-20-57</i> and last saw her/him alive on <i>3-20-57</i> . Death occurred at <i>3:20</i> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Robert A. Keeber, M.D.</i>			22b. ADDRESS <i>St. Joseph, Mo</i>		22c. DATE SIGNED <i>3-22-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE <i>Mar. 20, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Schooler Funeral Home</i>		23d. LOCATION (City, town, or county) (State) <i>Craig, Missouri</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Meierhoffer-Fleeman Inc. St. Joseph, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>March 28, 1957</i>	26. REGISTRAR'S SIGNATURE <i>Eather M. Allison</i>		

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Robert E. Jennings*

Licensed Embalmer No. 3258

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.