

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 9 1949

State File No. 27653

BIRTH NO. _____		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 3054		Registrar's No. 72	
1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana			c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana			22
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike Co. Hospital				d. STREET ADDRESS (If rural, give location) 215 North Third St.			
3. NAME OF DECEASED (Type or Print) a. (First) Pete		b. (Middle) Frederick		c. (Last) Nord		4. DATE OF DEATH (Month) (Day) (Year) Aug 26, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Oct. 4, 1865		9. AGE (In years last birthday) 83	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturer	11. BIRTHPLACE (State or foreign country) Oscarsham, Sweden
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturer	10b. KIND OF BUSINESS OR INDUSTRY Buttons		11. BIRTHPLACE (State or foreign country) Oscarsham, Sweden		12. CITIZEN OF WHAT COUNTRY? U.S. A.		
13a. FATHER'S NAME Otto Ludwig Nord		13b. MOTHER'S MAIDEN NAME Marie C. Fagerburg		14. NAME OF HUSBAND OR WIFE Zuma Ann Nord			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 491-14-4190		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Nord, Louisiana, Missouri			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Anteroselective Hypertensive Heart Disease DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Sclerosis  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 44 1/2 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 8-21-1949, to 8-26-1949, that I last saw the deceased alive on 8-26-1949, and that death occurred at 7:00 A. m., from the causes and on the date stated above.							
23a. SIGNATURE Chas. H. Lemellen M.D. (Degree or title)				23b. ADDRESS Louisiana Mo.		23c. DATE SIGNED 8/28/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 28, 49	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) (State) Louisiana, Missouri		
DATE REC'D BY LOCAL REG. Aug 28, 49		REGISTRAR'S SIGNATURE Bernice Calher 374		25. FUNERAL DIRECTOR'S SIGNATURE Haley Mortuary, Louisiana Mo.		ADDRESS	

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

SEP 22 1949

RECEIVED SEP 6 1949  
District Health Officer No. 1  
District File Number 9-49-12  
Date Filed SEP 6 1949

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.