No. 300
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OCT 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32216

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 5687 Registrar's No. 220

1. PLACE OF DEATH
a. COUNTY: Linn.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield Twp.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Iowa.
b. COUNTY: Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Des Moines Iowa. 8140
d. STREET ADDRESS (If rural, give location): 2616 Cornell.

3. NAME OF DECEASED (Type or Print): a. (First) Albert b. (Middle) Carl c. (Last) Nordstrom.

4. DATE OF DEATH (Month) (Day) (Year): 9- 22- 52

5. SEX: M

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 5-1913

9. AGE (In years last birthday): 39 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Aircraft

11. BIRTHPLACE (State or foreign country): Athel Mo. U

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Nordstrom.

13b. MOTHER'S MAIDEN NAME: Ellen Youngren.

14. NAME OF HUSBAND OR WIFE: Helen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. (If yes, give war or dates of service): 2nd World War

16. SOCIAL SECURITY NO.: 511-07-3354

17. INFORMANT'S SIGNATURE OR NAME: Mrs Mary Baldwin. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE TRAUMATIC ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: INSTANT.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) AUTOMOBILE WRECK
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: 058

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HIGHWAY #36

21c. (CITY, TOWN, OR TOWNSHIP) BROOKFIELD (COUNTY) LINN (STATE) MISSOURI

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): SEPT. 22 1952 7:40 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR? AUTO ACCIDENT

22. *I hereby certify that I attended the deceased from* PATIENT DEAD WHEN FIRST SEEN *to* _____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7:40 P m., *from the causes and on the date stated above.* 9-22-52

23a. SIGNATURE (Degree or title): John W. White M.D.

23b. ADDRESS: Brookfield Mo.

23c. DATE SIGNED: 9-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Sept. 23 1952

24c. NAME OF CEMETERY OR CREMATORY: Woodland Cemetery

24d. LOCATION (City, town, or county) (State): Des Moines Iowa

DATE REC'D BY LOCAL REG.: 9/23/52

REGISTRAR'S SIGNATURE: Walter B. Erwin 167

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Homer L. Bowden Brookfield Mo.

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Homer D Bowden

Signed.....
Student Embalmer

Licensed Embalmer No. 3295

P. O. Address Brookfield 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.