

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9545

State File No. _____

FILED APR 10 1953

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 58

0402

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

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		0402	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>214 E 7 Trenton</u>			d. STREET ADDRESS (If rural, give location) <u>214 E 7th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maud</u> b. (Middle) <u>B</u> c. (Last) <u>Nordyke</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 24 1953</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>JAN 31 1879</u>	9. AGE (In years last birthday) <u>74</u>	10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <u>1 23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Music Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Teaching</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Livingston, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Frank Nordyke</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Smith</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-01-1605</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Wisdom</u> ADDRESS <u>Trenton, Mo.</u>			
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* (a) <u>Anguine Pectoris</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>
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)		4202	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		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 <u>Mar 21, 1953</u> , to <u>Mar 24, 1953</u> , that I last saw the deceased alive on <u>Mar 23, 1953</u> , and that death occurred at <u>5:45 p.m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>E.A. Duffy M.D.</u> (Degree or title)			23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>Mar 25 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 27 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Trenton</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-27-53</u>	REGISTRAR'S SIGNATURE <u>Jane Fair</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Davis-Blackmer Trenton, Mo.</u>			

APR 10 1958

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

Gerald L Roberts

Licensed Embalmer No. 4920

P. O. Address Wenton, 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.