

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4355

FILED FEB 25 1957

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 180

Health, Welfare
Public
Service

300
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SPRINGFIELD <i>0396</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1403 S. KENTWOOD		Length of stay in 1b 25 Yrs.	d. STREET ADDRESS 1403 S. KENTWOOD (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HJALMAR Middle NORDSTRAND Last NORDSTRAND			4. DATE OF DEATH FEB. 18, 1957 Month Day Year
5. SEX male	6. COLOR OR RACE white <i>0</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 1, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	9. AGE (In years last birthday) 74 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
11. BIRTHPLACE (City and state or country) Sweden		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO.	
17. INFORMANT ARTHUR NORDSTRAND, SPRINGFIELD, MO		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (SUICIDE) ASPHYXIATION - CARBON MONOXIDE ?			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) FOUND IN TIGHTLY ENCLOSED GARAGE WITH			
DUE TO (c) AUTO MOTOR RUNNING AND GAS RADIANT ON BUT FIRE OUT			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NOTE HE WAS WRITING EXPLAINING ILL HEALTH. PENCIL WAS STILL IN HIS HAND			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) SEE ABOVE		9731
20c. TIME OF INJURY APPROX 5:00 P.M. FEB. 18, 1957			
20d. INJURY OCCURRED WHILE AT WORK <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.) Home - garage	20f. CITY, TOWN, OR LOCATION Springfield	COUNTY STATE Greene Co. Mo.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 12:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Josephine Green Coroner</i>		22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED 2/20/1957
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 2/20/57	23c. NAME OF CEMETERY OR CREMATORY Ellsworth	23d. LOCATION (City, town, or county) (State) Ellsworth, Wisconsin
24. FUNERAL DIRECTOR J. W. Klingner & Co		25. DATE RECD. BY LOCAL REG. 2-19-57	26. REGISTRAR'S SIGNATURE <i>East Williams</i>

MAR 7 1957
MAR 5 1957

MAR 2 1957

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.....
Signature of Student Embalmer

Signed *Max Rhodes*

Licensed Embalmer No.

P. O. Address.....

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.