

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017494  
STATE FILE NUMBER

FILED JUN 9 1958

Registration District No. 50

Primary Registration District No. 5179

Registrar's No. 13

S. 300  
1-57

3

1. PLACE OF DEATH a. COUNTY <b>Camden</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Osage T.S.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>St. Louis Mo.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Eberts Resort</b>		Length of stay in lb <b>4 Days</b>	d. STREET ADDRESS <b>2008 Obear</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Rudolph H. Nordin</b>			4. DATE OF DEATH Month Day Year <b>June 6 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>July 6 1889</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City Hall</b>	11. BIRTHPLACE (City and state or country) <b>Hutchinson Kansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Erick Nordin</b>	13b. MOTHER'S MAIDEN NAME <b>Matilda Erickson</b>
14. NAME OF HUSBAND OR WIFE <b>Mabel</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>?</b>
17. INFORMANT Address <b>Emley Hagberg Camdenton Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> DUE TO (b) <b>arterial occlusion</b> DUE TO (c) <b>4201</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>2</b>	
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>rural</b>		20f. CITY, TOWN, OR LOCATION <b>Camden</b>	
20g. COUNTY <b>Mo</b>		20h. STATE	
21. I attended the deceased from <b>June 6 1958</b> and last saw her alive on <b>June 6 1958</b> Death occurred at <b>6:30 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Abbie Woolery, coroner</b>	
22b. ADDRESS <b>Camdenton Mo</b>		22c. DATE SIGNED <b>June 6 58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>June 6-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>La Grange Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>La Grange, Illinois</b>
24. FUNERAL DIRECTOR ADDRESS <b>Reed Funeral Home, Camdenton Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>June 6-1958</b>	26. REGISTRAR'S SIGNATURE <b>Zilpha J. Traw</b>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 11 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 .....  
Signature of Student Embalmer

Signed Robert N Reed .....

Licensed Embalmer No. 3745 .....  
P. O. Address Camden, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.