

FILED MAR 6 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004669

STATE FILE NUMBER

XC-1673042

REG. #17594

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 984

300

1-57

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CARTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		c. CITY OR TOWN ELLSINORE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) ROUTE #3, BOX 72	

3. NAME OF DECEASED (Type or print) First WIKTOR Middle KONSTANTINE Last NORDLING			4. DATE OF DEATH FEBRUARY 18, 1959		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-17-95	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREST RANGER	10b. KIND OF BUSINESS OR INDUSTRY U.S. FOREST SERVICE	11. BIRTHPLACE (City and state or country) HANGO, FINLAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME VIKTOR S. NORDLING	13b. MOTHER'S MAIDEN NAME EDLA NORDSTRON	14. NAME OF HUSBAND OR WIFE WIFE DECEASED
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WWI	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT VA HOSPITAL RECORDS, POPLAR BLUFF, MO.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANAPLASTIC CARCINOMA OF STOMACH WITH GENERALIZED METASTASES.		INTERVAL BETWEEN ONSET AND DEATH 15 Months.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) SECONDARY ANEMIA DUE TO BLOOD LOSS.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from Nov. 19, 1958 to Feb. 18, 1959 Death occurred at 11:10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. M. GARDNER, M.D., Actg. Chief, Surg. Svc.	22b. ADDRESS VA Hospital, Poplar Bluff, Mo.	22c. DATE SIGNED 2/19/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 2-20-1959	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.
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24. FUNERAL DIRECTOR Greer Croy & Fitch,	ADDRESS Poplar Bluff, Mo.	25. DATE RECD. BY LOCAL REG. 2/28/59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

MAR 10 1959

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 *Ray P. Adams* Licensed Embalmer No. 4928 P. O. Address *Regina, Pa.*

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.