

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## -63-007320

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 90

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

**FILED FEB 21 1963**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Joplin</b>		Length of stay in 1b <b>5 Min.</b>	c. CITY OR TOWN <b>Sarcoxie</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Joplin General Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>210 N. 9th. St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>James Raymond Nordstrom</b>			4. DATE OF DEATH Month Day Year <b>Feb. 12, 1963</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>July 13, 1925</b>	9. AGE (last birthday) <b>37</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Doctor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Osteopath</b>	11. BIRTHPLACE (City and state or country) <b>Red Lodge, Mont.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Carl A. Nordstrom</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Rice</b>		14. NAME OF HUSBAND OR WIFE <b>Margaret Ann Nordstrom</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
**Yes W. W. # 2**

17. INFORMANT  
**Margaret Ann Nordstrom, Sarcoxie, Mo.**

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Acute Heart Failure**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
DUE TO (b) **Massive Myocardial Infarction 35 min**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 s.m. p.m. Month, Day, Year

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.)	20f. CITY, TOWN, OR LOCATION <b>Joplin, Mo.</b>	COUNTY <b>Jasper</b>	STATE <b>Missouri</b>
---	--	--	-------------------------	--------------------------

21. I attended the deceased from **1-15-63** to **2-12-63** and last saw <sup>over</sup> him alive on **2-12-63**  
Death occurred at **12:20 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	(Degree or title) <b>D. O.</b>	22b. ADDRESS <b>3014 Main Joplin, Mo.</b>	22c. DATE SIGNED
--------------------------------------	-----------------------------------	--	------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2-15-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sarcoxie Cemetery</b>	23d. LOCATION (City, town, or county) <b>Sarcoxie, Mo.</b>	(State)
--	-----------------------------	--	---	---------

24. FUNERAL DIRECTOR <b>Ulmer-Moss Funeral Home, Sarcoxie, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>2-18-63</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
---	---------	--	---

VS 300 - Rev. 4/59

10499

20490

3

4 0

5 1

6

7 1

8 2

94201

10

11

125-2

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

FEB 25 1963

MAR 13 1963

**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



Licensed Embalmer No. 4955

P. O. Address CARTHAGE, 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.