

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7664

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5735</u>		Registrar's No. <u>117</u>	
1. PLACE OF DEATH a. COUNTY <u>BULTER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BULTER</u>			
b. CITY (If outside corporate limits, write RURAL and give town or town RURAL - <u>Ash Hill Top</u> )		c. LENGTH OF STAY (in this place) <u>9</u> years		c. CITY (If outside corporate limits, write RURAL and give township) <u>0120</u> OR TOWN <u>5 MILES SOUTHWEST OF FISK, MISSOURI</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 MILES SOUTHWEST OF FISK</u>				d. STREET ADDRESS (If rural, give location) <u>5 MILES SOUTHWEST OF FISK, MISSOURI</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BARTLEY</u>			b. (Middle) <u>BATMAN</u>		c. (Last) <u>NORDEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 3 51</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>MARRIED</u>	8. DATE OF BIRTH <u>10/22/1878</u>		9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>TENN. /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WATT NORDEN</u>			13b. MOTHER'S MAIDEN NAME <u>MARTHE HAMILTON</u>		14. NAME OF HUSBAND OR WIFE <u>COLE YELL NORDEN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LESLIE NORDEN BERNIE</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>Cardio Sclerosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>renal disease</u> 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
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>July, 1946</u> , to <u>now</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Mar 3, 1951</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. S. M. Johnson</u>				23b. ADDRESS <u>202</u>		23c. DATE SIGNED <u>3/9/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/4/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BERNIE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BERNIE, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>March 9-1951</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Charles</u>		ADDRESS <u>Bernie</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 6 1951

BUTLER CO. HEALTH CENTER

FILE No. 451-136

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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 J. D. Schuman.....

Licensed Embalmer No. 4086.....

P. O. Address Malden.....

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.