

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

41649

State File No.

FILED JAN 15 1953

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>570</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Bukter</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>poplar bluff</u>		c. LENGTH OF STAY (in this place)		a. STATE <u>Missouri</u> b. COUNTY <u>Bukter</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>poplar bluff hospital</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bernie</u>		d. STREET ADDRESS (If rural, give location) <u>0120</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>CORA</u>		b. (Middle)		c. (Last) <u>NORDEN</u>		Month Day Year <u>12 4 52</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
				<u>widowed</u>		<u>9-11-1876</u>	
9. AGE (in years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>TENN</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
		<u>House work</u>		<u>TENN</u>		<u>USA</u>	
13a. FATHER'S NAME <u>T.A. Keigle</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Calwick</u>			14. NAME OF HUSBAND OR WIFE <u>B 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 <u>Bessie Norden</u> ADDRESS <u>Bernie</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>			
				ANTECEDENT CAUSES			
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) _____			
				DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS			
				Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>11-21</u> , 19 <u>52</u> , to <u>12-4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-4</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. H. H. ...</u> (Degree or title)				23b. ADDRESS <u>Poplar Bluff Hosp.</u>		23c. DATE SIGNED <u>12-18-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-6-52</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>12-22-52</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428-1</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. R. Tucker</u>		ADDRESS <u>Bernie</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 13 1953
BUTLER CO. HEALTH CENTER
FILE No. 153-13

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.