

FILED JAN 30 1950

STANDARD CERTIFICATE OF DEATH

DR. Bechtold  
State File No. 1787

346

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 83

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Greene</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> c. LENGTH OF STAY (in this place) <u>1 Mo.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John Hosp.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> d. STREET ADDRESS (If rural, give location) <u>St. John Hosp. (1015 N. Main)</u>			
<b>3. NAME OF DECEASED</b> a. (First) <u>Sister Mary Juliana Cooney</u> b. (Middle) _____ c. (Last) _____ (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Jan 26, 1950</u>		
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Never married</u>	<b>8. DATE OF BIRTH</b> <u>Unknown</u>	<b>9. AGE</b> (In years last birthday) <u>81</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Nun</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>St. John Hosp.</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Unknown</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Unknown</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>no</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>No</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Hospital Records Springfield, Mo.</u>		
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Typhoid fever Chronic</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis General.</u> DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 month</u>  <u>1 year</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. *AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>6 Jan, 1950</u>, to <u>26 Jan, 1950</u>, that I last saw the deceased alive on <u>26 Jan, 1950</u>, and that death occurred at <u>7 P. m.</u>, from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) <u>G. Y. Bechtold M.D.</u>			<b>23b. ADDRESS</b> <u>16301 Jefferson Blvd. Springfield, Mo.</u>		<b>23c. DATE SIGNED</b> <u>27 Jan 1950</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>1/30/50</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Calvary Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis, Mo.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>1-27-50</u>		<b>REGISTRAR'S SIGNATURE</b> <u>W. E. Handley</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>H. H. Lohmeyer Springfield, Mo.</u>	

**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 *Walter E. Hamula* .....

Licensed Embalmer No. 3808 .....

Springfield, Mo.

P. O. Address.....

**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.