

FILED MAR 11 1950

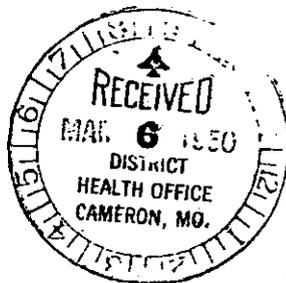
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5590

BIRTH NO. _____		REG. DIST. NO. 251	PRIMARY REG. DIST. NO. 5853	Registrar's No. 49
1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway		
b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN Maryville - rural		c. LENGTH OF STAY (in this place)		
c. FULL NAME OF HOSPITAL OR INSTITUTION Mt. Alverno Convent		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville - rural		
		d. STREET ADDRESS (If rural, give location) 2 miles east		
3. NAME OF DECEASED (Type or Print) Mother Mary Augustine		a. (First)	b. (Middle) Augustine	c. (Last) Giesen, OSF
5. SEX Female		16. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 12/6/60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Superior		10b. KIND OF BUSINESS OR INDUSTRY Religious		9. AGE (In years last birthday) 89
13a. FATHER'S NAME F. J. Giesen		13b. MOTHER'S MAIDEN NAME Elizabeth Schmitz		14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mother M. Lucy, OSF, Maryville, Mo.
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure ANTECEDENT CAUSES Myocardial Degeneration Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sinusitis DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 42 22
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 Jan 19 ²⁵ to Feb. 25, 19 ⁵⁰ , that I last saw the deceased alive on February 19, 1950 and that death occurred at 7:00 A.M., from the causes and on the date stated above.				
23a. SIGNATURE Thos. T. Bell M.D. - M.D.M. D.V.		23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 2/27/1950
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2/28/50		24c. NAME OF CEMETERY OR CREMATORY St. Mary's
		24d. LOCATION (City, town, or county) Maryville, Missouri		(State)
DATE REC'D BY LOCAL REG. 3-4-1950		REGISTRAR'S SIGNATURE Beas Holt 229		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home Maryville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

Robert L. Souter

Licensed Embalmer No. 4782

P. O. Address Marionville, 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 this body is not embalmed, fact should be so stated above.