

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13399

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY OR TOWN <u>Maryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Maryville</u> <u>0742</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		d. STREET ADDRESS (Rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sister M Frowina</u> b. (Middle) _____ c. (Last) <u>Mayer O.S.F.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-5-1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>10-27-1885</u>		9. AGE (in years last birthday) <u>65</u>		10. UNDER 1 YEAR: Months _____ Days _____	
11. BIRTHPLACE (State or foreign country) <u>Conception - Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Sister of St. Francis Religious</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Conception - Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Adolph Mayer</u>		13b. MOTHER'S MAIDEN NAME <u>Augusta Geisprich</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mother M. Lucia</u> ADDRESS <u>Maryville Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia & senility</u>				1-year	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>493X</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 Oct, 1950, to 4. 5, 1951, that I last saw the deceased alive on 4. 5, 1951, and that death occurred at 11 a m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.C. Bauman M.D.</u> (Degree or title)		23b. ADDRESS <u>Maryville Mo.</u>		23c. DATE SIGNED <u>4.7.51</u>	
--	--	-----------------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-7-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Maryville Mo.</u>	
---	--	---------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>4-21-51</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bob Stinson</u> ADDRESS <u>Maryville Mo.</u>	
---	--	--	--	--	--

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

742



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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

G M Atchese

Signed.....
Student Embalmer

Licensed Embalmer No. *2279*

P. O. Address *Trayville, Va*

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.