U.S. No. 300
Rev. 10.48

FILED OCT 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34506

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 4374 Registrar's No. 19

0740

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

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clyde
c. LENGTH OF STAY (in this place): 75 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benedictine Convent of Perpetual Adoration

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clyde 0740
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) SISTER b. (Middle) M. Placida c. (Last) Stephan

4. DATE OF DEATH (Month) (Day) (Year): Oct 4 1951

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single 0
8. DATE OF BIRTH: Sept. 25 1860
9. AGE (In years last birthday): 91 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): domestic & sewing
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryville, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A

13a. FATHER'S NAME: Valentine Stephen
13b. MOTHER'S MAIDEN NAME: Elizabeth Easferding
14. NAME OF HUSBAND OR WIFE:

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. Thadildis, Clyde, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary occlusion	14 hrs.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Auricular fibrillation	3 yrs.
DUE TO (c)	+ Cardiac decompensation	5 yrs.
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Acute bronchitis	2 wks.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 23, 1951, *to* Oct. 4, 1951, *that I last saw the deceased alive on* Oct. 4, 1951, *and that death occurred at* 4:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul J. Kadull M.D.
23b. ADDRESS: Conception Jct. Mo.
23c. DATE SIGNED: Oct. 5, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 6, 1951
24c. NAME OF CEMETERY OR CREMATORY: Convent
24d. LOCATION (City, town, or county) (State): Clyde Mo

DATE REC'D BY LOCAL REG.: Oct 5 - 51
REGISTRAR'S SIGNATURE: Mrs. Eliza Crenshaw 3 10
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Patrick A. Phelligi, Stanberry MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
OCT 8 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Ratoy H. Phillips

~~Signed~~ .....
Student Embalmer

Licensed Embalmer No. 1898

P. O. Address Stonberry, 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.