

FILED FEB 13 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2381**

BIRTH NO. _____		REG. DIST. NO. <u>250</u>		PRIMARY REG. DIST. NO. <u>5849</u>		Registrar's No. <u>6</u>		
1. PLACE OF DEATH a. COUNTY <u>Madison</u> <u>Jefferson</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>W.P.</u> OR TOWN c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Benedictine Convent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Madison</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>1 1/2 miles S. of Clyde</u> OR TOWN <u>0740</u> d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>(Sister) M.</u> b. (Middle) <u>PHILOMENA</u> c. (Last) <u>MARIE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> / <u>12</u> / <u>1953</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>2-2-1882</u>		
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>(NUN)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Convent</u>		11. BIRTHPLACE (State or foreign country) <u>Keokuk, Iowa</u>		
11. BIRTHPLACE (State or foreign country) <u>Keokuk, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Maery</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Eberly</u>		
13a. FATHER'S NAME <u>John Maery</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Eberly</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Benedictine Convent, Clyde, MO</u> ADDRESS				
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, athenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC CYSTITIS &amp; PYELITIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>6000</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>GENERALIZED ARTERIOSCLEROSIS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>  <u>5 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21f. HOW DID INJURY OCCUR?		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from <u>Aug. 18</u> , 19 <u>51</u> , to <u>Feb. 2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Feb. 2</u> , 19 <u>53</u> , and that death occurred at <u>5:40 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Saul Kaduce</u>				23b. ADDRESS <u>Conception, Mo.</u>		23c. DATE SIGNED <u>12/2/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2/4/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Convent Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clyde, MO</u>		
DATE REC'D BY LOCAL REG. <u>2-2-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Edna Brunschaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edna Brunschaw</u> ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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

740  
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**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 \_\_\_\_\_

*Lator H. Phillips*  
Licensed Embalmer No. *1898*

P. O. Address *Staten Island, N.Y.*

**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.