

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15122**

FILED MAY 11 1953

BIRTH NO. _____		REG. DIST. NO. 250		PRIMARY REG. DIST. NO. 4374		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. Nodaway			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Benedictine Convent		c. LENGTH OF STAY (in this place) 63 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) 0740 OR TOWN Clyde Jefferson Township 0			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION " Clyde, Mo.				d. STREET ADDRESS (If rural, give location) South Of Clyde, Mo 1. Mile			
3. NAME OF DECEASED (Type or Print) a. (First) Sister M. Monica b. (Middle) Schnitzer c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 6 1953				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 0		8. DATE OF BIRTH Nov. 24 1862	
9. AGE (In years last birthday) 90		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nun		10b. KIND OF BUSINESS OR INDUSTRY Convent		11. BIRTHPLACE (State or foreign country) Watson, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME Peter Schnitzer			13b. MOTHER'S MAIDEN NAME Catherine Hauber			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Benebectine Convent Clyde, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocarditis ANTECEDENT CAUSES arteriosclerosis heart disease DUE TO (b) arteriosclerosis heart disease DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4250				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) m.		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 7/1 , 19 53 to 5/6 , 19 53 that I last saw the deceased alive on 5/2 , 19 53 and that death occurred at 2 p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. J. Phillips M.D.				23b. ADDRESS Phillipsville Mo		23c. DATE SIGNED 5/8/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/8/53		24c. NAME OF CEMETERY OR CREMATORY Convent Cemetery		24d. LOCATION (City, town, or county) (State) Clyde Nodaway Mo.	
DATE REC'D BY LOCAL REG. May 5-3		REGISTRAR'S SIGNATURE Mrs. E. G. Crenshaw		25. FUNERAL DIRECTOR'S SIGNATURE Leroy J. Phillips		ADDRESS Elmberg	

(Licensed Embalmer's Statement on Reverse Side)

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

740
1

140

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
Student Embalmer

~~Student EMBALMER No. _____~~

Signed *Henry J. Phillips*

Licensed Embalmer No. 1898

P. O. Address *Stonbury, W.*

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.