

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5849 State File No. 29453
#374

FILED AUG 17 1953

BIRTH NO. _____ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. #374 Registrar's No. 13

740

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

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Twp		c. LENGTH OF STAY (in this place) 65	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Benedictine Convent		d. STREET ADDRESS (If rural, give location) South Of Clyde Mo. 1 Mile	

3. NAME OF DECEASED (Type or Print) a. (First) Sister M. b. (Middle) Genevieve c. (Last) Ketterer			4. DATE OF DEATH (Month) (Day) (Year) Aug 6 1953		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	
8. DATE OF BIRTH Oct. 18 1860		9. AGE (In years last birthday) Months Days 92		10. KIND OF BUSINESS OR INDUSTRY Convent	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Catholic Nun		11. BIRTHPLACE (State or foreign country) Germanville, Iowa		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Anton Ketterer		13b. MOTHER'S MAIDEN NAME Catherine Weis		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 Records From Convent 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, cerebral			INTERVAL BETWEEN ONSET AND DEATH 2.0
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X		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)	
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 **June, 1953**, to **Aug 6, 1953**, that I last saw the deceased alive on **August 4, 1953**, and that death occurred at **4:25 pm.**, from the causes and on the date stated above.

23a. SIGNATURE M. C. Empe		(Degree or title)		23b. ADDRESS Madisonville		23c. DATE SIGNED 8/11/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8/8/53		24c. NAME OF CEMETERY OR CREMATORY Convent Cemetery		24d. LOCATION (City, town, or county) (State) Clyde, Nodaway, Mo.	

DATE REC'D BY LOCAL REG. Aug 13-53		REGISTRAR'S SIGNATURE Mrs. Egan Crenshaw		370		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS Clayton Phillips, St. Louis	
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(Licensed Embalmer's Statement on Reverse Side)

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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

Lacey A. Phillips

Licensed Embalmer No. 1898

P. O. Address Starkway, 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.