

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **32526**

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 5849 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clyde, Rural Jefferson Twp</u>	
c. LENGTH OF STAY (in this place) <u>72 yrs.</u>		d. STREET ADDRESS <u>Clyde, Mo. 0740</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Benedictine Convent</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sister M. Agatha</u> b. (Middle) <u>Schrader</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 12, 1953</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>Mar. 18 1865</u>	9. AGE (In years last birthday) <u>88</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 Wks. Hours _____ Min. _____
----------------------	-------------------------------	----------------------------------------------------------------------	--------------------------------------	-------------------------------------------	------------------------------------------	-----------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Catholic Nun</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Convent</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Decatur, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
-----------------------------------------------------------------------------------------------------------------	--------------------------------------------------	-----------------------------------------------------------------------------	-------------------------------------------

13a. FATHER'S NAME <u>Peter Schrader</u>	13b. MOTHER'S MAIDEN NAME <u>Celestine Magotta</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>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Record 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary atherosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary insufficiency?</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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) _____	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 15, 1953 to Sept 12, 1953, that I last saw the deceased alive on Sept 11, 1953, and that death occurred at 1:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>H. J. Blum</u>	(Degree or title) _____	23b. ADDRESS <u>1117 Myrtle Ave</u>	23c. DATE SIGNED <u>9/14/53</u>
----------------------------------	-------------------------	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Sept 16/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Convent Cemetery</u>	24d. LOCATION (City, town, or county) <u>Clyde Nodaway Mo.</u>
---------------------------------------------------------	-----------------------------	------------------------------------------------------------	----------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>Sept 14-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. Elva Brechenow</u>	370 -	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leroy J. Shelton</u>	ADDRESS <u>Stamberg</u>
--------------------------------------------	--------------------------------------------------	-------	----------------------------------------------------------	-------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 _____

~~Student Embalmer No.~~ _____

working under my personal supervision.

Student
Student Embalmer

Signed

Patrick Blumenthal

Licensed Embalmer No. 1898

P. O. Address Storhenny rd

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.