

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43759**

FILED DEC 29 1953

BIRTH NO. _____ REG. DIST. NO. **250** PRIMARY REG. DIST. NO. **5-849** Registrar's No. **22**

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 a. STATE Mo b. COUNTY Nodaway c. Benedictine	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jefferson		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clyde, Mo. Rural Jefferson	
d. FULL NAME OF HOSPITAL OR INSTITUTION Benedictine Convent		d. STREET ADDRESS (If rural, give location) 1 mile South of Clyde	

3. NAME OF DECEASED (Type or Print)	a. (First) (Sister) M. Edeltrude	b. (Middle) Neuthard	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Dec 24 1953
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Jan. 6, 1873	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. 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) Brettenau, Baden Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Jonas Neutharh	13b. MOTHER'S MAIDEN NAME Margaret Weiss	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Benedictine Convent record	ADDRESS CLYDE MO
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 DAYS.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS 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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **OCT. 11**, 1953, to **DEC. 24**, 1953, that I last saw the deceased alive on **DEC. 23**, 1953, 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. Kaduce M.D.	23b. ADDRESS Conception, La., Mo.	23c. DATE SIGNED 12/26/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/28/53	24c. NAME OF CEMETERY OR CREMATORY Convent Cemetery	24d. LOCATION (City, town, or county) (State) Clyde, Nodaway Mo
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DATE REC'D BY LOCAL REG. 12-27-53	REGISTRAR'S SIGNATURE Mr. E. A. Crush	1370-	25. FUNERAL DIRECTOR'S SIGNATURE Phillip Slomberg	ADDRESS MO
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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 _____

Leroy G. Phillips

Licensed Embalmer No. *1898*

P. O. Address *Stonemary, Md*

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.