

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2196

State File No.

FILED FEB 1 1954

BIRTH NO. _____		REG. DIST. NO. <u>250</u>		PRIMARY REG. DIST. NO. <u>5849</u>		Registrar's No. <u>2</u>	
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 OR TOWN <u>Clyde</u>)		c. LENGTH OF STAY (in this place) <u>56 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clyde Rural Jefferson</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Benedictine Convent</u>				d. STREET ADDRESS (If rural, give location) <u>Convent</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sister M. Melania</u> b. (Middle) <u>Moehrle</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 24 1954</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>Oct 15 1862</u>	9. AGE (in years last birthday) <u>91</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 HRS. Hours _____ Min. _____	
10a. 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>Catholic Convent</u>		11. BIRTHPLACE (State or foreign country) <u>Wurttemberg Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Wilhelm Moehrle</u>		13b. MOTHER'S MAIDEN NAME <u>Francisca Gaupp</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Benedictine Convent record</u> ADDRESS <u>Clyde</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u> ANCECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> <u>15 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) _____			
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 <u>JULY 4</u> , 19 <u>53</u> , to <u>JAN. 24</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>JAN. 20</u> , 19 <u>54</u> , and that death occurred at <u>10 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul J. Kadule M.D.</u>				23b. ADDRESS <u>Conception Jet., Mo.</u>		23c. DATE SIGNED <u>1/26/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1/26/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Convent Cemetery</u>		24d. LOCATION (City; town; or county) (State) <u>Clyde, Nodaway, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-26-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Edna Crenshaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bluet's</u>		ADDRESS <u>Stanhury</u>	

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

2196

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

Patricia M. Sullivan
Licensed Embalmer No. 1898

P. O. Address Storham, N.C.

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.