

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23844**

FILED AUG 4 - 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 5849 Registrar's No. 10

0740

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

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Jefferson</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clyde, Rural, Jefferson</b>	
c. LENGTH OF STAY (In this place) <b>77 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1 Mile south of Clyde 0740</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Benedictine Convent</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Sister M.</b> b. (Middle) <b>Mechtilde</b> c. (Last) <b>Hilgert</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 29 1954</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>July 10 1860</b>		9. AGE (In years last birthday) <b>94</b>		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Catholic Nun</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Convent</b>		11. BIRTHPLACE (State or foreign country) <b>Kolbach, Luxemburg</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13. FATHER'S NAME <b>John Baptist Hilgert</b>			
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <b>Mary Limbach</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Benedictine Convent record</b> ADDRESS <b>Clyde, Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARDIAC FAILURE</b>		DUE TO (b) <b>CORONARY ARTERIOSCLEROSIS</b>			<b>10 yrs.</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>GENERALIZED ARTERIOSCLEROSIS</b>			<b>10 yrs</b>	
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			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 JAN. 15, 1953, to JULY 29, 1954, that I last saw the deceased alive on JULY 26, 1954, and that death occurred at 11:30 a.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paul J. Kadull M. D.</b>		23b. ADDRESS <b>Conception Jct., Mo.</b>		23c. DATE SIGNED <b>7/30/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>7/31/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Convent Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Clyde, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>July 30, 1954</b>		REGISTRAR'S SIGNATURE <b>Mrs. Robert Cronshaw</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stacy F. Shuler</b> ADDRESS <b>Clyde, Mo</b>	
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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 Salvy F. Phellipi

Licensed Embalmer No. 1898

P. O. Address Stonbury, 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.