

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5689**

FILED FEB 21 1955

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 5853		Registrar's No. 83											
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Nodaway									
b. CITY (If outside corporate limits write RURAL and give township) Maryville		c. LENGTH OF STAY (in this place) 1		c. CITY OR TOWN Maryville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. Alverno Convent				e. STREET ADDRESS (If rural, give location) one and 1/2 miles East 0742													
3. NAME OF DECEASED (Type or Print)			a. (First) Sr. Mary Angelina			b. (Middle) Kelly			c. (Last) OSF.			4. DATE OF DEATH (Month) (Day) (Year) 2-14-1955					
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 6-22-1872		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work considering most of working life, even if retired) Religious Nun				10b. KIND OF BUSINESS OR INDUSTRY Nurse				11. BIRTHPLACE (City and State or Foreign Country) Puna - Illinois				12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Stephen Kelly				13b. MOTHER'S MAIDEN NAME Elizabeth Vitelly				14. NAME OF HUSBAND OR WIFE none				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No					
16. SOCIAL SECURITY NO. none				17. INFORMANT'S SIGNATURE OR NAME Mother M. Lucia OSF.				18. ADDRESS Mt. Alverno Convent, Maryville, Mo.				19. ONSET AND DURATION OF ILLNESS 2 days					
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) Coronary Thrombosis								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 153 X								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) (Min.)				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 11 , 19 54 , to 2-14 , 19 55 , that I last saw the deceased alive on 2-4 , 19 55 , and that death occurred at 2:40am. , from the causes and on the date stated above.																	
23a. SIGNATURE (Degree or title) H.C. Bauman M.D.						23b. ADDRESS 1311 1/2 Main Maryville, Mo.						23c. DATE SIGNED 2/15/55					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 2-17-1955				24c. NAME OF CEMETERY OR CREMATORY St. Mary Cem.				24d. LOCATION (City, town, or county) (State) Maryville, Mo.					
DATE REC'D BY LOCAL REG. 2-19-55				REGISTRAR'S SIGNATURE Kess Bolt				25. FEDERAL DIRECTOR'S SIGNATURE [Signature]				ADDRESS Maryville, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *G. M. Atchison*

Licensed Embalmer No. *22*

P. O. Address *Maryville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.