Health, Welfare Public Service

300
1-56

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32803
STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. 4374 Registrar's No. 250

1. PLACE OF DEATH
a. COUNTY NODAWAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLYDE — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) BENEDICTINE CONVENT OF PERPETUAL ADOR. — Length of stay in 1b 50 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY NODAWAY
c. CITY OR TOWN CLYDE — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS SAME AS 1C (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First SISTER Middle MARY Last MODESTA STEIL

4. DATE OF DEATH Month SEPT Day 26 Year 1957

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH JUNE 16, 1886
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months ~~54~~ Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BENEDICTINE SISTER
10b. KIND OF BUSINESS OR INDUSTRY RELIGION
11. BIRTHPLACE (City and state or country) LANCASTER, WISCONSIN
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME PETER STEIL
14. MOTHER'S MAIDEN NAME ANNA MARY BLUME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. none
17. INFORMANT Benedictine Convent of Perpetual Adoration — Address Clyde, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH Inst.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary atherosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Hypothyroidism 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 23, 1957, to Sept 25, 1957 and last saw her alive on Sept 25, 1957
Death occurred at 5:00 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S R Wempe MD
22b. ADDRESS 131 So. Main Maryville, Mo
22c. DATE SIGNED 10/1/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept 28, 1957
23c. NAME OF CEMETERY OR CREMATORY MT. CALVARY Cem
23d. LOCATION (City, town, or county) CLYDE (State) Mo.

24. FUNERAL DIRECTOR ADDRESS Johnson Funeral Home Conception Jct., Mo.
25. DATE RECD. BY LOCAL REG. 10 12 57
26. REGISTRAR'S SIGNATURE Bess Wolf

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Ross Evans Johnson

Licensed Embalmer No. 49

P. O. Address Stanhers

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.