

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033643  
STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 231 Primary Registration District No. 7374 Registrar's No. 211

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>NODAWAY</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>NODAWAY</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CLYDE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>CLYDE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>BENEDICTINE CONVENT OF PERP</b>		Length of stay in lb <b>49 yrs.</b>	d. STREET ADDRESS <b>SEE (1C)</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ADORATION</b> Middle Last <b>SISTER MARY IRMENGARD EBERHARD</b>			4. DATE OF DEATH Month <b>SEPT</b> Day <b>23</b> Year <b>1958</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB 24, 1887</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RELIGIOUS</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RELIGION</b>	11. BIRTHPLACE (City and state or country) <b>LAUDENBACH, BADEN, GERMANY</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>PETER EBERHARD</b>		13b. MOTHER'S MAIDEN NAME <b>KATHERINE ECKSTEIN</b>		14. NAME OF HUSBAND OR WIFE <b>N/A</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Benedictine Convent, Clyde, Mo</b> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebro-vascular thrombosis</b>					19. INTERVAL BETWEEN ONSET AND DEATH <b>210 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral arteriosclerosis</b>					
DUE TO (c) <b>332 X</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
20a. ACCIDENT - SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>Jan 1 1955</b> <b>Sept 1958</b> and last saw her alive on <b>Aug 19 1958</b> . Death occurred at <b>1:35 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Dorothy M. Johnson</b> (Degree or title)			22b. ADDRESS <b>Marionville Mo</b>		22c. DATE SIGNED <b>9/24/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>SEPT 25, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MOUNT CALVARY</b>		23d. LOCATION (City, town, or county) (State) <b>CLYDE MO.</b>	
24. FUNERAL DIRECTOR <b>JOHNSON FUNERAL HOME, CONCEPTANT, A. G.</b>		ADDRESS <b>9-27-58</b>	25. DATE RECD. BY LOCAL REG. <b>9-27-58</b>		26. REGISTRAR'S SIGNATURE <b>Bess Holt</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 me....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Ross E. Johnson.....

Licensed Embalmer No. 4948.....

P. O. Address Stanhurst.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.