

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035615

FILED VS. SEP 19 1960

Registration District No. 231 Primary Registration District No. Registrar's No. 212

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Nodaway			
b. CITY (If outside corporate limits, give TOWNSHIP only) Clyde		Length of stay in 1b 1 yr		c. CITY OR TOWN Clyde		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Benedictine Convent				d. STREET ADDRESS Benedictine Convent		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last SISTER MARY CLOTILDA LESCH, O.S.B.				4. DATE OF DEATH Month Day Year Sept 7, 1960			
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Aug 9, 1883	
9. AGE (last birthday) 77		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious				10b. KIND OF BUSINESS OR INDUSTRY Religious		11. BIRTHPLACE (City and state or country) Germany	
12. CITIZEN OF WHAT COUNTRY USA							
13a. FATHER'S NAME Ferdinand Lesch				13b. MOTHER'S MAIDEN NAME Maria Agnes Leuchtweill		14. NAME OF HUSBAND OR WIFE --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. none		17. INFORMANT Benedictine Convent Records, Clyde, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chr. Vascular Heart Disease (Aortic Stenosis)				DUE TO (b) Arteriosclerosis, Generalized		DUE TO (c) 	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Nephrosclerosis -				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 a.m. p.m. Month, Day, Year							
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 1958 , to Sept 7, 1960 and last saw her him alive on Sept 7, 1960 Death occurred at 12:30 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Stanberry M.D. (Degree or title)				22b. ADDRESS Marionville Mo		22c. DATE SIGNED 9/14/60 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept 9, 1960		23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Clyde, Mo.	
24. FUNERAL DIRECTOR JOHNSON FUNERAL HOMES, Stanberry, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 9-14 60		26. REGISTRAR'S SIGNATURE Bess Bolt	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lois Ewan Johnson

Licensed Embalmer No. 4948

P. O. Address Stanberry

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.