

FILED FEB 13 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1351

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 260

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City 13 days  
c. LENGTH OF STAY (in this place) 13 days  
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hosp.

2. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission)  
a. STATE Missouri b. COUNTY Bermon  
c. CITY (If outside corporate limits, write RURAL and give township) Nevada 1082  
d. STREET ADDRESS St. Francis' Convent

3. NAME OF DECEASED  
a. (First) Sister Isabelle  
b. (Middle) Vetter  
c. (Last) Vetter

4. DATE OF DEATH (Month) (Day) (Year)  
1-18-51

5. SEX Female  
6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH  
4-28-1894

9. AGE (in years last birthday) 56  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 6 HRS.: 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

11. BIRTHPLACE (State or foreign country)  
Germany 4

12. CITIZEN OF WHAT COUNTRY?  
USA

13a. FATHER'S NAME  
Aloysius Vetter

13b. MOTHER'S MAIDEN NAME  
Maria Marx

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
St. Francis Convent, Nevada

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) ~~Inf.~~ Pancreatitis, acute  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
8 days  
58

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5, 1951, to 1-17, 1951, that I last saw the deceased alive on 1-17, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Michael Bernreiter (Degree or title) M.D.

23b. ADDRESS 436 Professional Bldg

23c. DATE SIGNED 1-18-51

24a. BURIAL, CREMATION, REMOVAL (Specify) removal

24b. DATE 1-20-51

24c. NAME OF CEMETERY OR CREMATORY Calvary

24d. LOCATION (City, town, or county) (State) Nevada, Mo.

DATE REC'D BY LOCAL REG. 1-18-51

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Melody McTilley-Clyar K.C. 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Max M. Turbenthal*

Licensed Embalmer No. *4632*

P. O. Address *X. G. Mo.*

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.