

STANDARD CERTIFICATE OF DEATH

28892

State File No.

LED SEP 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>250</u>		PRIMARY REG. DIST. NO. <u>4374</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH <u>Clyde, Mo.</u> a. COUNTY <u>Nodaway County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONVENT</u>		c. LENGTH OF STAY (in this place) <u>40 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONVENT at Clyde</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Benedictine Convent of Perpetual Adoration</u>				d. STREET ADDRESS (If rural, give location) <u>00748</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sister Mary Perpetua Bielman</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) <u>Sept.</u> (Day) <u>9</u> (Year) <u>1952</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>0</u>		8. DATE OF BIRTH <u>July 5, 1872</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>4</u>		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Embroidery</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joseph Bielman</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Bielman</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>NO MP</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Benedictine Sisters Clyde, Mo.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignancy of breast</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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. <u>Metastasis to lung</u>				<u>1 yr.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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? <u>170 X</u>			
22. I hereby certify that I attended the deceased from <u>August, 1951</u> , to <u>Aug. 11, 1952</u> , that I last saw the deceased alive on <u>Aug. 11, 1952</u> , and that death occurred at <u>11 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul J. Koenel</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Conception Jct., Mo.</u>		23c. DATE SIGNED <u>9/10/52</u>	
24a. BURIAL INFORMATION, REMOVAL (Specify) <u>9/12/52</u>		24b. DATE <u>9/12/52</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>Convent Cemetery, Clyde, Mo.</u>		24d. LOCATION (City, town, or county) _____ (State) _____ <u>Clyde, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 11-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Elna Rushaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leroy H. Phillips</u>		ADDRESS <u>Stouring</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MU

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
Student Embalmer

Signed Henry H. Phillips

Licensed Embalmer No. 1898

P. O. Address Stammy, 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.