

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33410

State File No.

FILED OCT 18 1954

BIRTH NO. REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 85

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

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. LENGTH OF STAY (In this place) 30 yrs	-c. CITY OR TOWN Boonville
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		e. STREET ADDRESS (If rural, give location) St. Joseph's Hospital	

3. NAME OF DECEASED (Type or Print) a. (First) SISTER M. b. (Middle) ANGELINA c. (Last) NEWMAN O.S.B.			4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1954		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Feb 14, 1891		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nun		10b. KIND OF BUSINESS OR INDUSTRY Hospital		11. BIRTHPLACE (City and State or Foreign Country) Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE -----			
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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'S SIGNATURE OR NAME ADDRESS Sister M. Benoit Boonville, Mo.			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE ANTECEDENT CAUSES Severe Hypertension DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH One hour	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Oct. 13, 1954, to Oct. 13, 1954, that I last saw the deceased alive on Oct. 13, 1954, and that death occurred at 8:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>E. T. Humphreys M.D.</i>		23b. ADDRESS <i>Boonville, Mo.</i>		23c. DATE SIGNED <i>Oct. 14/1954</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>Oct 15/54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Scholastica Convent</i>		24d. LOCATION (City, town, or county) (State) <i>Ft. Smith, Arkansas</i>	
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DATE REC'D BY LOCAL REG. <i>10/14/54</i>		REGISTRAR'S SIGNATURE <i>E. Hooper 381</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>B. W. Shaker Boonville Mo.</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Berry W. Harber*.....

Licensed Embalmer No. *39*.....

P. O. Address *Bacon*.....

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.