

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010842  
STATE FILE NUMBER

FILED MAR 24 1958

Registration District No. 231 Primary Registration District No. 3048 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>NODAWAY</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, give TOWNSHIP only) OR TOWN <u>MARYVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>CLYDE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSP</u>		Length of stay in 1b <u>3 days</u>		d. STREET ADDRESS (If outside, give location) <u>BENEDICTINE CONVENT</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>SISTER MARY MATHILDA GERSCHTZ</u> O.S.B.				4. DATE OF DEATH Month Day Year <u>MARCH 14, 1958</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>SEPT. 25, 1886</u>		9. AGE (In years last birthday) <u>72</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CATHOLIC NUN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RELIGION</u>		11. BIRTHPLACE (City and state or country) <u>NEW BAVARIA, OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>MICHAEL GERSCHTZ</u>				14. MOTHER'S MAIDEN NAME <u>THERESIA MELCHOR</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>BENEDICTINE CONVENT - CLYDE, MO.</u>			
18. CAUSE OF DEATH [Enter only one cause of line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Crowned Arteriosclerosis</u> DUE TO (c) <u>4201</u>							INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hrs</u> <u>5 hrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Allergic Bronchial Asthma</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>2</u>				
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 <u>3/12/58</u> to <u>3/14/58</u> and last saw her/him alive on <u>3/14/58</u> Death occurred at <u>3 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Stev Empire MD</u>				22b. ADDRESS <u>Maryville Mo</u>		22c. DATE SIGNED <u>3/18/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MARCH 11, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT CALVARY</u>		23d. LOCATION (City, town, or county) <u>CLYDE</u>		23e. STATE <u>MO.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>JOHNSON FUNERAL HOME, CONCEPTION Jct., MO.</u>				25. DATE RECD. BY LOCAL REG. <u>3 22 58</u>		26. REGISTRAR'S SIGNATURE <u>Beno Holt</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Loss Evan Johnson*.....

Licensed Embalmer No. *499*.....

P. O. Address *Stanberry*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.