

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018563

STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. \_\_\_\_\_ Registrar's No. 149

**JUN 15 1959**

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>CLYDE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>CLYDE</u> <u>0740</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>BENEDICTINE CONVENT</u>		Length of stay in 1b <u>42 yrs.</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 JOSEPHINE GRUENES</u>			4. DATE OF DEATH Month Day Year <u>JUNE 10 1959</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>MARCH 20-1895</u>		9. AGE (In years, last birthday) <u>64</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) <u>RELIGIOUS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RELIGIOUS</u>		11. BIRTHPLACE (City and state or country) <u>RICHMOND, MINN.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>WENZEL GRUENES</u>		13b. MOTHER'S MAIDEN NAME <u>ELISABETH LAUER</u>		
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) <u>NO</u>				
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT RECORDS OF Address <u>BENEDICTINE CONVENT - CLYDE, MO</u>				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>42c1</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>42c1</u>		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>CLYDE, MO.</u>		
20e. CITY, TOWN, OR LOCATION <u>CLYDE, MO.</u>			20f. COUNTY <u>MO.</u>		
20g. STATE <u>MO.</u>			20h. COUNTY <u>MO.</u>		

21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ <u>2:40 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (In green or title) <u>B. H. England M.D.</u>	22b. ADDRESS <u>Mayville, MO</u>
22c. DATE SIGNED <u>6/11/59</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>6-13-1959</u>		23c. NAME OF CEMETERY OR CREMATOR <u>MT. CALVARY, CEM. CLYDE, MO.</u>	
24. FUNERAL DIRECTOR <u>JOHNSON FUNERAL HOMES</u>		ADDRESS <u>CLYDE, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>6-11-59</u>	
26. REGISTRAR'S SIGNATURE <u>Bess Holt</u>					

300  
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
All diseases in Part I must be causally related.

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 *Lawson 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.