

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

State File No. **34839**

FILED **OCT 13 1953**

REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **172**

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

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Washington twp 1-10-4</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>3488</b> OR TOWN <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hosp # 3 Nevada</b>		d. STREET ADDRESS (If rural, give location) <b>3617 Central Ave</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Minnie</b> b. (Middle) <b>—</b> c. (Last) <b>Shuberg</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct-8-53</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov-24-1879</b>
9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>12</b>	IF UNDER 24 HRS. Hours <b>—</b> Min. <b>—</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retiree</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Sweden</b>	12. CITIZEN OF WHAT COUNTRY? <b>Sweden</b>
13a. FATHER'S NAME <b>unk</b>		13b. MOTHER'S MAIDEN NAME <b>unk</b>	
13c. NAME OF HUSBAND OR WIFE <b>Frank Shuberg</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unk</b>		16. SOCIAL SECURITY NO. <b>unk</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Head Records</b>		ADDRESS <b>unk</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio sclerotic heart disease</b> 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. <b>Psychosis</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>12-4 1951</b> , to <b>10-8 1953</b> , that I last saw the deceased alive on <b>10-7-1953</b> , and that death occurred at <b>9:45 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>0 2nd</b>		23b. ADDRESS <b>Nevada Mo</b>	
23c. DATE SIGNED <b>10-8-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10-8-1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Fresman Mortuary</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo</b>	
DATE REC'D BY LOCAL REG. <b>10-8-53</b>		REGISTRAR'S SIGNATURE <b>Anna E. Foye</b> 451	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Allen V. Hays</b>		ADDRESS <b>Nevada, Mo.</b>	

(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 .....

Student Embalmer

Signed H. H. Gasmaduba

Licensed Embalmer No. 2070

P. O. Address Waukegan, 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.