

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 15 1954

 BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1164

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>50 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Goforth Nursing Home</u> <u>1804 Faraon St.</u>		d. STREET ADDRESS (If rural, give location) <u>410 North 6th St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u>		b. (Middle) <u>RODGERS</u>	
c. (Last) <u>SCHUBERT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 26, 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 11, 1878</u>	
9. AGE (In years last birthday) <u>76</u>		10. UNDER 1 YEAR Months _____ Days _____	
11. UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Canal Dover, Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Simeon Rodgers</u>	
13b. MOTHER'S MAIDEN NAME <u>Caroline Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Edwin Schubert</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>500-07-9963</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Herman P. Schubert, RR #1, St. Joseph, Mo.</u>		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardic Infarction</u>	
II. ANTECEDENT CAUSES DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Carcinoma of rectum</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General Debility</u>		<u>154X</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)		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 <u>Jan 18, 1954</u> to <u>Oct 25, 1954</u> , that I last saw the deceased alive on <u>Oct 25, 1954</u> and that death occurred at <u>5:15A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. P. Schubert</u>		(Degree or title) <u>D.O.</u>	
23b. ADDRESS <u>209-10 Kirkpatrick Bldg., City</u>		23c. DATE SIGNED <u>10-29-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 28, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 10, 1954</u>		REGISTRAR'S SIGNATURE <u>Lothar M. Allison</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Meierhoff & Alteman</u>		ADDRESS <u>St. Joseph, Mo.</u>	

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 *Raymond W. Morehead*

Licensed Embalmer No. *4413*

P. O. Address *St. Joseph, 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.