

FILED OCT 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4510**

BIRTH NO. 1108370172-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4510

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland Park</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>8805-Hemlock</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GARY</u> b. (Middle) <u>ROBERT</u> c. (Last) <u>SCHUBERGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 23 1954</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>9-21-54</u>		9. AGE (In years last birthday) <u>36</u>		10. NUMBER OF MONTHS <u>36</u> AND NUMBER OF DAYS <u>0</u> SINCE BIRTH	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>	
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>DANNU SCHUBERGER</u>		13b. MOTHER'S MAIDEN NAME <u>EVELYN ROBERTA SAMUEL</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>M. D. Schubenger</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>None</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unborn Cephus Reptomeningitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>None</u> DUE TO (c) <u>None</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		<u>750+</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u>		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) <u>0</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>0</u>	
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22. I hereby certify that I attended the deceased from 9/21, 1954, to 9/23, 1954, that I last saw the deceased alive on 9/22, 1954, and that death occurred at 6:00 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold L. Galtney</u> (Degree or title)		23b. ADDRESS <u>4635 Myrtle St</u>		23c. DATE SIGNED <u>9/23/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Retained</u>		24b. DATE <u>9-23-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Luke's Hosp.</u>	
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DATE REC'D BY LOCAL REG. <u>9-27-54</u>		REGISTRAR'S SIGNATURE <u>Neva Minshel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hospital Disposal</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.