S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 59-000027

FILED JAN 19 1959

BIRTH NO. 0 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirksville, Missouri
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) GRIM-SMITH HOSPITAL & CLINIC

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Schuyler 1
c. CITY OR TOWN Downing, Missouri 098 0
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Thressa
b. (Middle)
c. (Last) Schupbach

4. DATE OF DEATH (Month) (Day) (Year) January 7, 1959

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 0
8. DATE OF BIRTH 2-6-73
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months 11 Days 1 — IF UNDER 14 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Schuyler County, Mo. c
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Christopher Schupbach
13b. MOTHER'S MAIDEN NAME Mary Mallet
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)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs. W. G. Morgan, Downing, Mo. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocarditis.	1 year?
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerosis.	10 years?
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Acute gastroenteritis.	3 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4221
20. AUTOPSY? 2 YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-7-59, 19__, *to* 1-7-, 1959, *that I last saw the deceased alive on* 1-7, 1959, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. B. Jones M.D.
23b. ADDRESS Kirksville, Missouri
23c. DATE SIGNED 1-8-59

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 9, 1959
24c. NAME OF CEMETERY OR CREMATORY Webster Cemetery
24d. LOCATION (City, town, or county) (State) Downing, Mo.

DATE REC'D BY LOCAL REG. 1-10-1959
REGISTRAR'S SIGNATURE Doris W. Ratliff
25. FUNERAL DIRECTOR'S SIGNATURE Moore Funeral Home, Downing, Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

J. B. Jones, M.D.
535
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis T

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