

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-041545
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED **FILED NOV 26 1962** Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 84

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Barton		b. CITY (If outside corporate limits, give TOWNSHIP only) Lamar		a. STATE Missouri		b. COUNTY Barton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barton County Memorial		Length of stay in 1b		c. CITY OR TOWN Route 1, Lamar		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS Route 1		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			5. SEX	
First Middle Last Weona Dell Schubert			Month Day Year November 18, 1962			Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	
6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-15-1882		9. AGE (last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Barton County Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME W. S. Goodrum			13b. MOTHER'S MAIDEN NAME Margaret Wilson			14. NAME OF HUSBAND OR WIFE Paul W. Schubert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None				16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Paul W. Schubert Lamar, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) B ronchial Asthma & heart insufficiency							INTERVAL BETWEEN ONSET AND DEATH 6 days.
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from January 23, 1961 to Nov. 18, 1962 and last saw her alive on 11-18-1962 Death occurred at 9:30A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE F. Guldner (Degree or title) Edmond Guldner, M.D.				22b. ADDRESS 1103 Broadway, Lamar, Mo.		22c. DATE SIGNED 11-24-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-21-1962		23c. NAME OF CEMETERY OR CREMATORY Lake Cemetery		23d. LOCATION (City, town, or county) (State) Lamar, Missouri	
24. FUNERAL DIRECTOR Konantz Funeral Home ADDRESS Lamar, Missouri			25. DATE RECD. BY LOCAL REG. 11-24-1962		26. REGISTRAR'S SIGNATURE Marie Konantz		

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 *Arthur Bruce*

Licensed Embalmer No. 4723

P. O. Address Lamar, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.