

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Kanaw 63-905796
3

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59

2260

2260

3

4 0

5 1

6

7 0

8 0

94200

10

11

12 90-0

13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION BY AFFIDAVIT OF

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| Registration District No. <u>77</u> | | Primary Registration District No. <u>5302</u> | | Registrar's No. <u>3</u> | | STATE FILE NUMBER | |
| FILED FEB 25 1963 | | | | | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Cole</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clark</u> | | | | Length of stay in 1b <u>Life</u> | | c. CITY OR TOWN <u>R.R.#2, Jefferson City, Mo.</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) <u>R.R.#2, Jefferson City, Mo.</u> | | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS <u>Rural Route #2</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Nicholas</u> Last <u>Schubert</u> | | | | 4. DATE OF DEATH Month <u>February</u> Day <u>7</u> Year <u>1963</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>2-21-1884</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (City and state or country) <u>Callaway Co. Missouri</u> | | 9. AGE (last birthday) <u>78</u> | |
| 13a. FATHER'S NAME <u>Adam Schubert</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Weber</u> | | 14. NAME OF HUSBAND OR WIFE <u>Hulda Pauline Goldhammer</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Mrs. John N. Schubert R.R.#2, Jeff. City, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arteriosclerotic heart disease</u> DUE TO (b) <u>Coronary insufficiency</u> DUE TO (c) <u>Pulmonary emphysema</u> | | | | | | | |
| 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 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. | | 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 <u>4/29/61</u> to <u>2/7/63</u> and last saw him alive on <u>1/13/63</u> Death occurred at <u>3:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>JN Kanawawa MD.</u> | | | | 22b. ADDRESS <u>515 E. High St.</u> | | 22c. DATE SIGNED <u>2/12/63</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Feb. 9, 1963</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>St. John Lutheran</u> | | 23d. LOCATION (City, town, or county) (State) <u>Strangtown Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Tanner Funeral Home Jeff. City, Mo.</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>14 February 1963</u> | | 26. REGISTRAR'S SIGNATURE <u>R. Harris MD - M. Richter</u> | |

MAR 1 1962

0350
0350
0
1
0
0

STATEMENT BY LICENSED EMBALMER

0-0P

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 Omer Howard Jones

Licensed Embalmer No. 4411

P. O. Address Belle 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.