MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 273 Primary Registration District No. — Registrar's No. 161

63-044880
STATE FILE NUMBER

FILED NOV 26 1963

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

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AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Perry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Ste. Marys TWP — Length of stay in 1b: Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Sedgewickville Rte #2 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Perr y
c. CITY OR TOWN: Sedgewickville — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rural Rte #2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Mark — Middle Lehmann — Last Schubert

4. DATE OF DEATH: Month Nov. — Day 17 — Year 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-2-1949
9. AGE (last birthday): 14 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: High School
11. BIRTHPLACE (City and state or country): Cape Girardeau, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Arno Schubert
13b. MOTHER'S MAIDEN NAME: Lydia Bohnert
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): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Arno Schubert — Address: Sedgewickville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Embulus
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
Coronar of Perry County, Mo.
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Tree fell on deceased
20c. TIME OF INJURY: 9 Hour a.m./p.m. — Month, Day, Year: 11-11-63 — Sedgewickville, Mo. R#2 — Perry — Mo.
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
20f. CITY, TOWN, OR LOCATION: Sedgewickville — COUNTY — STATE: Mo.

21. I attended the deceased from Coronar of Perry County, Mo., to and last saw her/him alive on Coronar of Perry County, Mo.
Death occurred at 2:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C M Weedman — Coronar of Perry County, Mo.
22b. ADDRESS: 334 N. Main Perryville, Mo.
22c. DATE SIGNED: 11-21-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-20-63
23c. NAME OF CEMETERY OR CREMATORY: Immanuel Lutheran
23d. LOCATION (City, town, or county) (State): Perryville Missouri

24. FUNERAL DIRECTOR: Young & Sons — ADDRESS: Perryville, Mo.
25. DATE RECD. BY LOCAL REG.: 11-21-63
26. REGISTRAR'S SIGNATURE: Jos J Zollner

(Licensed Embalmer's Statement on Reverse Side)

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 Edward Young

Licensed Embalmer No. 2135

P. O. Address Perryville 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.