

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 63 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>Schuyler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Schuyler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>S.E. of Lancaster 0980</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hazzard</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Louie</b> b. (Middle) <b>Edward</b> c. (Last) <b>Schubert</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 15, 1957</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>APR 8, 1879</b>	9. AGE (In years last birthday) <b>77</b>	10. UNDER 1 YEAR Months <b>10</b> Days <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>Schuyler Co.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>HENRY Schubert</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Eastman</b>		14. NAME OF HUSBAND OR WIFE <b>Louise Schubert</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY # <b>498-40-1003</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Louise Schubert Lancaster Mo</b>	
				ADDRESS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Minutes</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <b>Arteriosclerosis</b>		DUE TO (c)	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
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) <b>4201</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Sept. 15, 1957, to Feb. 15, 1957, that I last saw the deceased alive on Feb. 15, 1957, and that death occurred at 9:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Lancaster, Mo.</b>		23c. DATE SIGNED <b>3-20-57</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 18 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Germania</b>	
				24d. LOCATION (City, town, or county) (State) <b>Schuyler Co. Mo</b>	

DATE REC'D BY LOCAL REG. <b>2. 16 57</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	
				ADDRESS <b>Morehead - Norman Lancaster Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed

*Donald E. Foster*

Licensed Embalmer No. *4742*

P. O. Address

*Fergusonville, 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 this body is not embalmed, fact should be so stated above.