

No. 2  
-1/47  
5-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

National Office of Vital Statistics

FILED MAY 7 1948

Registration District No. 1

Primary Registration District No. 3000

11363  
State File No.

Registrar's No. 135

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 509 S. Mulanix  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 years  
In this community 20 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair  
(c) City or town Kirksville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 509 S. Mulanix  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME William Schubach

3. (b) If veteran, name war  
3. (c) Social Security No. 486-18-7389

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lutie Coons  
6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased May 11 1877  
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 15  
If less than one day hr. min.

9. Birthplace Downing Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired Farmer

11. Industry or business  
12. Name Christopher Schubach  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Mullet  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lutie Schubach  
(b) Address Kirksville, Missouri  
17. (a) Burial (b) Date thereof 4/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Germania Cmt.  
18. (a) Signature of funeral director Dee Riley  
(b) Address Kirksville, Missouri  
19. (a) 5-1-48 (b) Nate Lambert  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26  
year 1948 hour 1:20 minute P: M.

21. I hereby certify that I attended the deceased from Jan. 6, 1948 to April 26, 1948  
that I last saw him alive on April 22, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary failure  
Due to Coronary Sclerosis  
Duration 4 months

Other conditions (Include pregnancy within 3 months of death)  
Major findings: 9.40  
Of operations  
Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? I  
Home (Specify type of place)  
While at work? (e) Means of injury  
23. Signature Ed Besterman M. D. or other P.O.  
Address 208 S. Franklin Date signed 4/27/48  
Kirksville Mo

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 10  
District File Number 5-48-793  
Date Filed MAY -5 1948

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 \_\_\_\_\_

Jack L. Dooley

Registered Apprentice No. 222

working under my personal supervision.

Signed \_\_\_\_\_

*J. E. Riley*

Licensed Embalmer No. 4181

P. O. Address Kirksville, Missouri

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.