

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7831**

FILED APR 8 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **80** PRIMARY REG. DIST. NO. **4142** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY <b>Colo</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Colo</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Russellville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Russellville</b> <b>Morgan</b>	
c. LENGTH OF STAY (In this place) <b>none</b>		d. STREET ADDRESS (If rural, give location) <b>0260</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>MINNIE</b> b. (Middle) _____ c. (Last) <b>SCHUBERT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 29-52</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>FEB 15-1892</b>
9. AGE (In years last birthday) <b>59</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (State or foreign country) <b>Lohman Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>Mo</b>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Lohman Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>Mo</b>
13a. FATHER'S NAME <b>Wm Wilson</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Murray</b>	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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Ira Carringer Russellville Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>15 min</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Mitral Stenosis</b> <b>2 yrs</b> DUE TO (c) <b>Malignant Hypertension</b> <b>6 yrs</b>		
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 <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **Feb 2**, 19**42**, to **Mar 29**, 19**52**, that I last saw the deceased alive on **Mar 29**, 19**52**, and that death occurred at **4** **A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. M. Cheek</b> (Degree or title) <b>D.O.</b>	23b. ADDRESS <b>Russellville</b>	23c. DATE SIGNED <b>3/31/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Apr. 1</b>	24c. NAME OF CEMETERY OR CREMATORY <b>EVANGELICAL CEM</b>	24d. LOCATION (City, town, or county) (State) <b>Russellville Mo</b>
DATE REC'D BY LOCAL REG. <b>Mar. 31</b>	REGISTRAR'S SIGNATURE <b>Mrs. Minnie Hittmeyer</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. Steffens Russellville Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

1260

7501  
G. B. B. B.

**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.

Signed *[Signature]*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 2307

P. O. Address *Russellville, 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.