

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8611
1215

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1215</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORAH HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>18 WEST 58 ST</u>			
3. NAME OF DECEASED (Type or Print) <u>CHARLES</u>		a. (First)		b. (Middle)		c. (Last) <u>SHUBART</u>	
4. DATE OF DEATH <u>MAR. 13 1949</u>		(Month) (Day) (Year)		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>? ? 1883</u>		9. AGE (In years last birthday) <u>65</u>		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INS. BROKER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ILL. I</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>AARON SHUBART</u>		13b. MOTHER'S MAIDEN NAME <u>THRESE WENNEL</u>		14. NAME OF HUSBAND OR WIFE <u>HELEN SHUBART</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>HELEN SHUBART</u> ADDRESS <u>18 W 58TH</u>			
18. CAUSE OF DEATH Enter only one cause per line (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Myocarditis, coronary disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>4201</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☐	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>1</u>					
22. I hereby certify that I attended the deceased from <u>3-5</u> , 19 <u>49</u> , to <u>3-13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-13</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Fred Irwig</u> (Degree or title) <u>U</u>				23b. ADDRESS <u>1610 Pipers Way</u>		23c. DATE SIGNED <u>Mar 14, 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>3/16/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD</u>		24d. LOCATION (City, town, or county) (State) <u>K.C. MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-16-49</u>		REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>		FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLORE</u>		ADDRESS <u>K.C. MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. C. H. H. H.

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.....

Robert W. Reed

Licensed Embalmer No. *3745*

P. O. Address *H. E. Ho*

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.