

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7248

State File No.

BIRTH NO. 12073-51 REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 4502 Registrar's No. 5

1030

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Stoddard</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Puxico</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Puxico 770</u> | |
| c. LENGTH OF STAY (In this place) <u>9 days</u> | | d. STREET ADDRESS (If rural, give location) <u>1030</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) | | | |

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|---|----------------------------------|---|---|---|
| 3. NAME OF DECEASED (Type or Print) <u>Deral</u> | a. (First) | b. (Middle) <u>Lee</u> | c. (Last) <u>Shubert</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 9 1951</u> |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>child</u> | 8. DATE OF BIRTH <u>Feb 1 1951</u> | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>— — 9</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Puxico Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>John Shubert</u> | 13b. MOTHER'S MAIDEN NAME <u>Norma Lewis</u> | 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 <u>Mrs. Jack Gurnipseed Puxico Mo</u> |

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|---|--|-------------|---|
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHIAL PNEUMONIA</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>7630</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) | 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 2-1, 1951, to 2-9, 1951, that I last saw the deceased alive on 2-9, 1951, and that death occurred at 7:45 pm., from the causes and on the date stated above.

| | | |
|---|----------------------------------|---|
| 23a. SIGNATURE (Degree or title) <u>J. S. Killings DO.</u> | 23b. ADDRESS <u>Puxico Mo</u> | 23c. DATE SIGNED <u>2/11/51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb 10 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY: <u>Rock Hill</u> |
| DATE REC'D BY LOCAL REG. <u>2-11-51</u> | | 24d. LOCATION (City, town, or county) (State) <u>Puxico, R. 2 Mo</u> |

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| REGISTRAR'S SIGNATURE <u>Gladys Morgan</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gladys Morgan Puxico Mo</u> |
|---|--|

RECEIVED

MAR 5 1951

DISTRICT HEALTH OFFICE No. 6

No.

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.....

Not embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.