

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7303

State File No.

0071
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3003 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Butler</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Grand River Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>0070</u>	

3. NAME OF DECEASED (Type or Print) <u>Charles CLUKE Schubert</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>3-10-52</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>6-1-1862</u>	9. AGE (In years last birthday) <u>89</u> Months <u>9</u> Days <u>9</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mt. Sterling, Ky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.P.</u>
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13a. FATHER'S NAME <u>William Schubert</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Stephens</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Lora Schubert</u>
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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 <u>W. J. Schubert</u> ADDRESS <u>Adrian 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>Chronic Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH: <u>months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	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 <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 3, 1951, to 3-9, 1952, that I last saw the deceased alive on 3-9, 1952, and that death occurred at 10: A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. E. Robinson M.D.</u>	23b. ADDRESS <u>Adrian Mo</u>	23c. DATE SIGNED <u>3-11-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 12, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Louissant Hill Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Adrian Mo</u>
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DATE REC'D BY LOCAL REG. <u>March 11-52</u>	REGISTRAR'S SIGNATURE <u>Randall Krumpholtz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Krumpholtz & Sif</u> ADDRESS <u>Adrian Mo</u>
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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

C. A. King and Fred W. Groat

working under my personal supervision.

Student Embalmer No.....

Signed.....

Fred W. Groat

Signed.....

Student Embalmer

Licensed Embalmer No. *3343*

P. O. Address. *Adrian, 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.