

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23999

REC'D AUG 11 1952

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5305 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Cole Liberty Twp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY OR TOWN <u>Rural</u> c. LENGTH OF STAY (in this place) <u>13 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>0260</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pt. 3 Jefferson City</u>		d. STREET ADDRESS <u>9 Miles N. 32 W. 50.</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bleanor Catherine</u> b. (Middle) <u>Schubert</u> c. (Last) <u>Schubert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 6 - 1952</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 2 - 1914</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>38</u> <u>2</u> <u>5</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Osage County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Antone Kemmer</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Jucke</u>	14. NAME OF HUSBAND OR WIFE <u>William Schubert</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Schubert - Pt. 3 - J.C.N.</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombophlebitis</u> DUE TO (c) <u>alcoholism</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>464X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Aug 6, 1952 to As Coroner, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2 P. m. from the causes and on the date stated above.

23a. SIGNATURE <u>J. Bruce M.D.</u> (Degree or title)	23b. ADDRESS <u>Jefferson City, Mo.</u>	23c. DATE SIGNED <u>8-7-52</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>Aug 9 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Xavier</u>	24d. LOCATION (City, town, or county) (State) <u>7205 Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 8 - 1952</u>	REGISTRAR'S SIGNATURE <u>R.P. Dorris M.D. - MR.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James Lewis - J.C.Mo.</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

ALLIANCE
1959

AUG 11 1961

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3641

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated, above.