No. 300
10-48

FILED DEC 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39139

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 03V13229

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

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (in this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
d. STREET ADDRESS (If rural, give location): 2628 YUMA.

3. NAME OF DECEASED (Type or Print)
a. (First) GEORGE b. (Middle) CARL c. (Last) SCHUBERT.

4. DATE OF DEATH (Month) 11- (Day) 23- (Year) 52

5. SEX: M O
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE U
8. DATE OF BIRTH: 12/23/1897
9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MILLWORK
10b. KIND OF BUSINESS OR INDUSTRY: Sash & Door Co
11. BIRTHPLACE (City and State or Foreign Country): RICHLAND MO
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: GEORGE R SHUBERT
13b. MOTHER'S MAIDEN NAME: DAISY HATHAWAY
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Chester Daniels. ADDRESS: 2216 Joplin Middle Mus

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Cor Pulmonale — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Emphysema — 10 yrs.
DUE TO (c) Severe Kyphosis of Thoracic Spine 30 yr

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: 4340
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?

22. *I hereby certify that I attended the deceased from* 8-28, 1952, *to* 11-23, 1952, *that I last saw the deceased alive on* 11-23, 1952, *and that death occurred at* 2:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. Koehler, Mec
23b. ADDRESS: 805 Fresco Bldg - Joplin Mo.
23c. DATE SIGNED: 11-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11/26/52
24c. NAME OF CEMETERY OR CREMATORY: OZARK MEMPK
24d. LOCATION (City, town, or county): JOPLIN (State): MO

DATE REC'D BY LOCAL REG.: 12-3-52
REGISTRAR'S SIGNATURE: Ed D. James by Walter Lamphin 138-0
25. FUNERAL DIRECTOR'S SIGNATURE: Hurlbut Glover Mortuary
ADDRESS: JOPLIN MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-8-52
Jasper County Health Office

County File Number 52/12/952

Date Filed 12-8-52

DEC 19 1952

DEC 20 1952

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 Edwin M Dungy

Licensed Embalmer No. 3566

P. O. Address Joplin 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.