

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40038

State File No. ....

FILED JAN 3 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 378

1. PLACE OF DEATH  
a. COUNTY Cole

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Cole

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City,

c. CITY OR TOWN Osage City

d. Is Residence within limits of a city or incorporated town? Yes  No  8

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital

e. STREET ADDRESS (If rural, give location) Cole County

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

4. DATE OF DEATH (Month) (Day) (Year)  
December 24 1955

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 27 1877

9. AGE (In years last birthday) 78

IF UNDER 1 YEAR Months 6 Days 27 IF UNDER 12 HRS. Hours     Min.    

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY -----

11. BIRTHPLACE (City and State or Foreign Country) Saxony, Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Robert Mueller

13b. MOTHER'S MAIDEN NAME Bertha Leibing

14. NAME OF HUSBAND OR WIFE John Adam Schubert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Adam Schubert, Osage City, Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial Failure

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Hypertensive Heart Disease  
DUE TO (c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. 443X

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) (Min.)

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 June 25, 1955, to Dec. 24, 1955, that I last saw the deceased alive on Dec. 24, 1955, and that death occurred at 9:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. Osman M.D. Jefferson City, Mo.

23b. ADDRESS

23c. DATE SIGNED Dec. 27, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 27 1955

24c. NAME OF CEMETERY OR CREMATORY St. John's Lutheran

24d. LOCATION (City, town, or county) (State) Schubert, Mo.

DATE REC'D BY LOCAL REG. 28 Dec 1955

REGISTRAR'S SIGNATURE R.P. Davis M.D. - Dr. 68.

25. FUNERAL DIRECTOR'S SIGNATURE Tanner Serv.

ADDRESS 700 Jefferson Jefferson Ci

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

JAN 19 1956

JAN 19 1956

OCT 16 1967

OCT 30 1958

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..... Signature of Student Embalmer

Signed *Donald P. Adams*

Licensed Embalmer No. 46

P. O. Address *J.C.M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.