

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19968  
STATE FILE NUMBER

FILED JUL 9 1956

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 192

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, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Osage City 0260	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Saint Mary's Hosp.		d. STREET ADDRESS (If outside, give location) One mile west	
3. NAME OF DECEASED (Type or print) First MAYME Middle SCHUBERT Last GOODPASTURE		4. DATE OF DEATH Month July Day 1st Year 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 23rd 1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Insurance	9. AGE (In years last birthday) 44
13. FATHER'S NAME John Adam Schubert		11. BIRTHPLACE (City and state or country) Osage City, Missouri	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		12. CITIZEN OF WHAT COUNTRY? USA	
17. INFORMANT Mr Claude A. Goodpasture		Address Osage City, Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE: Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (a) Uremia due to Cardiovascular Collapse. DUE TO (b) Lower Nephron Nephrosis. DUE TO (c) Azotemia and failure of Multiple Polyposis Colon, Ulcerative Colitis. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Postoperative Colectomy, due to Polyposis			INTERVAL BETWEEN ONSET AND DEATH 10 days 12 days 5 yrs
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 21X		20c. TIME OF INJURY Hour . Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 4-16-56 to 7-1-56 and last saw her alive on 7-1-56 Death occurred at 10:45 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Rendall A. Clark, M.D.		22b. ADDRESS Jefferson City, Mo.	
22c. DATE SIGNED 7-2-56		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE July 3rd 1956		23c. NAME OF CEMETERY OR CREMATOR National Cemetery	
23d. LOCATION (City, town, or county) Jefferson City, Missouri		(State)	
24. FUNERAL DIRECTOR Tanner Service Co.		25. DATE RECD. BY LOCAL REG. 7-2-56	
ADDRESS		26. REGISTRAR'S SIGNATURE R.P. Harris M.D. ERO	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

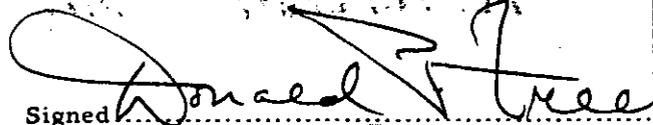
JUL 9 1958

JUL 17 1958 8 40 AM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed   
Donald P. Freeman

Licensed Embalmer No. 46

P. O. Address ... Jefferson  
Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.