URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-031107

FILED VS SEP 2 1960

Registration District No. 159 Primary Registration District No. 4249 Registrar's No. 135

STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HILLSBORO — Length of stay in 1b 53 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY JEFFERSON
c. CITY OR TOWN HILLSBORO — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MARY Middle KANSAS Last SCHUBEL

4. DATE OF DEATH Month AUGUST Day 25, Year 1960

5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 3/19/1878
9. AGE (last birthday) 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (City and state or country) GRUBVILLE Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME WILLIAM F. LEE
13b. MOTHER'S MAIDEN NAME LAVINA FROST
14. NAME OF HUSBAND OR WIFE W. J. A. SCHUBEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address MASON SCHUBEL

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Arteriosclerotic heart disease, myocardial insufficiency — INTERVAL BETWEEN ONSET AND DEATH 8 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis of coronary arteries, angina pectoris. — 8 years
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1952, to Aug 25, 1960 and last saw her alive on Aug 5, 1960
Death occurred at 8 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thomas A. Donnell MD.
22b. ADDRESS DeSoto, Mo
22c. DATE SIGNED 8-26-60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 8/28/1960
23c. NAME OF CEMETERY OR CREMATORY HILLSBORO
23d. LOCATION (City, town, or county) (State) HILLSBORO, Mo.

24. FUNERAL DIRECTOR ADDRESS DONNELL B. DIETRICH DESOTO, Mo.
25. DATE RECD. BY LOCAL REG. 8/28/60
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

NOV 21 1961

SEP 22 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Donnell B. Dietrich

Signature of Student Embalmer

Licensed Embalmer No. 4104

P. O. Address Detroit M

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