

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011805

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 4287 Registrar's No. 39

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6570
20570

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1286-2

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE HERE MAR 26 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Lincoln		a. STATE Missouri	b. COUNTY Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) Troy		Length of stay in 1b 10da.	c. CITY OR TOWN Moscow Mills
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunset Retirement Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Moscow Mills
3. NAME OF DECEASED (Type or print) KAROLINE MARIA ELIZABETH SCHUBERT		4. DATE OF DEATH Mar. 19, 1962	
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 Aug. 25, 1878
9. AGE (last birthday) 83		IF UNDER 1 YEAR Months 6 Days 24 Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (City and state or country) Moscow Mills Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Jacob Vopel	
13b. MOTHER'S MAIDEN NAME Caroline Spielhagen		14. NAME OF HUSBAND, OR WIFE Gus Schubert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs John L. Schmidt Highland Ill
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Cardiac Ischemic		3 days	
DUE TO (b) arteriosclerosis		10 yrs	
DUE TO (c) Inferiority of age			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
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 <u>9-5-61</u> to <u>3-19-62</u> and last saw her alive on <u>3-19-62</u> Death occurred at <u>11:20 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>W. L. Kelley D.O.</i>		22b. ADDRESS <i>Troy, Mo.</i>	22c. DATE SIGNED <i>3-19-62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 21, 1962	23c. NAME OF CEMETERY OR CREMATORY Anderson Hill Cem.	23d. LOCATION (City, town, or county) (State) Moscow Mills Mo.
24. FUNERAL DIRECTOR <i>D. W. McCoy</i>	ADDRESS <i>Troy Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>3-19-1962</i>	26. REGISTRAR'S SIGNATURE <i>Charlotte Leek</i>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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 D. W. Mc Coy

Licensed Embalmer No. 3586

P. O. Address Joy 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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