

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. 87775

**FILED APR 14 1949**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5370 Registrar's No. 117

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Jackson</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural, Ft. Osage</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Jackson</u>
c. LENGTH OF STAY (In this place) <u>60 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural, Ft. Osage</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home, near Buckner</u>		d. STREET ADDRESS (If rural, give location) <u>rural, near Buckner</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
a. (First) <u>Albert</u>	b. (Middle) <u>(none)</u>	c. (Last) <u>Reber</u>	(Month) <u>April</u>	(Day) <u>1</u>	(Year) <u>1949</u>
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>widowed</u>	<b>8. DATE OF BIRTH</b> <u>Mar. 28, 1853</u>		<b>9. AGE</b> (In years last birthday) <u>96</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>farming</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Cedar Hill, Ohio</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>					

<b>13a. FATHER'S NAME</b> <u>Joseph Reber</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah Dunn</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lee Anna Reber</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>XXXXXX</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Ora Belle Morris, Sibley, Mo</u>	<b>ADDRESS</b> <u>Sibley, Mo</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>chronic myocardial degeneration</u>		
	<b>PRECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Sensibility</u>  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>4342</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (min)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Mar 28, 1949, to April 1, 1949, that I last saw the deceased alive on Apr 1, 1949, and that death occurred at 9:00 Am., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>John L. Weisheit DO</u>	<b>23b. ADDRESS</b> <u>Buckner, MO</u>	<b>23c. DATE SIGNED</b> <u>4/2/49</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>	<b>24b. DATE</b> <u>April 3, 1949</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Sibley Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Sibley, Mo, Jackson</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Apr 2, 1949</u>	<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>W. M. Rippest</u>	<b>ADDRESS</b> <u>Buckner, MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48  
48

**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.

Signed.....  
Student Embalmer

Signed

*Ralph O Jones*

Licensed Embalmer No.

*4604*

P. O. Address

*Buckner, 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.