

FILED OCT 26 1949

STANDARD CERTIFICATE OF DEATH

State File No. 33498

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 5434		Registrar's No. 149	
1. PLACE OF DEATH a. COUNTY Franklin.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Rural. St. John's		c. LENGTH OF STAY (In this place) 72 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington "Rural" St. John's			
d. FULL NAME OF HOSPITAL OR INSTITUTION R. #1 E.				d. STREET ADDRESS (If rural, give location) R. #1 E.			
3. NAME OF DECEASED (Type or Print) a. (First) Fred		b. (Middle) Henry		c. (Last) Reuber		4. DATE OF DEATH (Month) (Day) (Year) Oct. 19, 1949.	
5. SEX Male U	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	18. DATE OF BIRTH July 26th, 1877		9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months 2	11. UNDER 2 HRS. Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming.		10b. KIND OF BUSINESS OR INDUSTRY Own Farm.		11. BIRTHPLACE (State or foreign country) Gildehaus, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Casper Reuber.		13b. MOTHER'S MAIDEN NAME Unknown.		14. NAME OF HUSBAND OR WIFE Mary Caroline Reuber.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. X		16. SOCIAL SECURITY NO. None.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mary Caroline Reuber R. #1 E. Washington, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac hypertrophy. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion. DUE TO (c) Arteriosclerosis. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 11/20/1
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 3, 1949, to Oct 19, 1949, that I last saw the deceased alive on Oct 19, 1949, and that death occurred at 29 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. J. Foster M.D.				23b. ADDRESS? Washington Mo		23c. DATE SIGNED 10/19/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 22, 1949	24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery.		24d. LOCATION (City, town, or county) (State) Villa Ridge (Gildehaus,) Mo.		
DATE REC'D BY LOCAL REG. Oct. 20, 1949		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE 990 Grieburg & Witt, Inc.		ADDRESS Washington, Mo.	

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

RECEIVED
OCT 22 1949
District Health Officer No. 9,
District File Number

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
Student Embalmer

Signed *Jerome F Swoboda*
Licensed Embalmer No. *4507*
P. O. Address *Washington*

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.