

FILED DEC 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37740

State File No.

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 2029 Registrar's No. 79

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

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Crystal City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Crystal City</u>	
c. LENGTH OF STAY (in this place) <u>30 years</u>		50	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓ 1</u>		d. STREET ADDRESS (If rural, give location) <u>Second Street 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bert</u> b. (Middle) <u>Ray</u> c. (Last) <u>Reber, Sr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 15, 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Dec 4, 1892</u>		9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR: Months <u>11</u> Days <u>11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own Newspaper</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Otto Reber</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Streeter</u>		14. NAME OF HUSBAND OR WIFE <u>Emily Reber</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bert Reber, Sr.</u>	
				ADDRESS <u>Crystal City, Mo.</u>	

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; asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1.4 hrs.</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b)			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>	

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)		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 June, 1949, to 11-15, 1949, that I last saw the deceased alive on 11-17, 1947 and that death occurred at 1:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. A. ...</u>		(Degree or title)		23b. ADDRESS <u>Crystal City, Mo.</u>		23c. DATE SIGNED <u>11-15-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 17, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Lawn Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Crystal City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 21, 1949</u>		REGISTRAR'S SIGNATURE <u>Cleora Bellwell</u>		142		25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry R. Polillo</u>	
						ADDRESS <u>Crystal City, Mo.</u>	

DATE RECEIVED 12-8-50
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.
MAR 8 1950

MAR 12 1950

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 Quincy R. Polite

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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.