

FILED JUL 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19356

State File No. _____

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 292

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, write RURAL and give township) Joplin
c. LENGTH OF STAY (in this place) 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Joplin
d. STREET ADDRESS (If rural, give location) St. Johns Hospital

3. NAME OF DECEASED (Type or Print) Sister Mary Clara Reber R.S.M.
4. DATE OF DEATH (Month) (Day) (Year) 6-26-1954

5. SEX F 6. COLOR OR RACE W. 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 8. DATE OF BIRTH Feb 2, 1866 9. AGE (In years) (Month) (Day) (Year) 88

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Pickaway Co Ohio 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Joseph Reber 13b. MOTHER'S MAIDEN NAME Elyseath 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give year or date of service) None 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Hospital Records - Joplin Mo ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterograde Amnesia + Arteriosclerosis
ANTECEDENT CAUSES Decayed
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
Morbid 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. Chrom Bromide + Radiations

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) (Min) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 16, 1949, to June 26, 1954, that I last saw the deceased alive on June 26, 1954, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____ 23b. ADDRESS 421 Frisco Bldg, Joplin, Mo 23c. DATE SIGNED 6/29/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6/29/54 24c. NAME OF CEMETERY OR CREMATORY St. Marys 24d. LOCATION (City, town, or county) (State) Independence Mo

DATE REC'D BY LOCAL REG. 7-6-54 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS [Address]

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 7 1954

Jasper County Health Office

County File Number 520

Date Filed JUL 7 1954

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 William E. Hendelston

Licensed Embalmer No. 477

P. O. Address Appl. 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.