

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

12761

State File No.

1563

FILED MAY 14 1951

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Johnson</u>			
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>24 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Holder</u>		MO <u>X</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah</u>				d. STREET ADDRESS (If rural, give location) <u>0510</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Agnes</u> b. (Middle) <u>Van matre</u> c. (Last) <u>Reber</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-9-51</u>				
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 14, 1875</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Days	IF UNDER 11 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Bates County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Abner Van matre</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Stewart</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel W. Reber, Holder, Mo</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lucille Kroschberg, Holder, Mo</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Emphysema</u>				DUE TO (b) <u>Arteriosclerotic Fibrosclerosis myocarditis</u>		<u>2 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Congestive Circulatory Failure</u>						<u>2 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>1 week</u>	
						<u>4222</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>April 7, 1951</u> , to <u>April 8, 1951</u> , that I last saw the deceased alive on <u>April 8, 1951</u> , and that death occurred at <u>9:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Graham Asher M.D.</u> (Degree or title)				23b. ADDRESS <u>Kansas City, Mo</u>		23c. DATE SIGNED <u>4-9-51</u>	
24a. DATE REC'D BY LOCAL REG. <u>4-10-51</u>		24b. REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Medford Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>4 mi S. Holder, Mo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. East</u>				ADDRESS <u>Holder, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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.

Student
Student Embalmer

Signed.....



Licensed Embalmer No.

405-9

P. O. Address.....

Holden, 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.