

FILED JUL 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 223772

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5370 Registrar's No. 286

0480

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

1. PLACE OF DEATH a. COUNTY <u>Jackson - Ft O'sage Twp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sibley Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sibley</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Rural Rt. 1.</u>	
d. TOWN NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>at his own home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u> b. (Middle) <u>Centenial</u> c. (Last) <u>Judy</u>			4. DATE OF DEATH (Month) <u>July</u> (Day) <u>17</u> (Year) <u>1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, <del>NEVER MARRIED</del> , WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Jan. 19. 1876</u>		9. AGE (In years last birthday) <u>74</u>		10. MONTH <u>5</u> DAY <u>28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>his farm</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Robert Judy</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Ellen Luttrell</u>		14. NAME OF <del>husband</del> OR WIFE <u>Sally Reber Judy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sally Reber Judy Sibley, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mixed Regurgitation</u>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>X</u>			<u>X</u>
		DUE TO (c) <u>X</u>			<u>X</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia, Neuritis</u>					<u>11211</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>X</u>		

22. I hereby certify that I attended the deceased from July 17, 1950 to July 17, 1950 that I last saw the deceased alive on July 17, 1950, and that death occurred at 5:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>J. M. Reber</u> MD (Degree or title)		23b. ADDRESS <u>Buckner Missouri</u>		23c. DATE SIGNED <u>July 17/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 20 '50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Buckner Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Buckner Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>July 19, 1950</u>		REGISTRAR'S SIGNATURE <u>J. M. Reber</u> <u>354</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. M. Reber</u>		ADDRESS <u>Buckner Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

JUL 24 RECD

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed Thomas M. Reppert

Licensed Embalmer No. 4311

P. O. Address Buckner

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.