

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

**FILED OCT 30 1950**

State File No. **32696**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1207**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Buchanan</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (in this place) <b>over 60yrs.</b>		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1507 Sixth, Avenue</b>		d. STREET ADDRESS (If rural, give location) <b>1507 Sixth, Avenue</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Minnie</b> b. (Middle) <b>***</b> c. (Last) <b>Reital</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Oct. 15, 1950</b>
---	---

<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>November 11, 1878</b>	<b>9. AGE</b> (In years last birthday) <b>71</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housework</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Own Home</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>

<b>13a. FATHER'S NAME</b> <b>Taylor Pugh</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Eliza Price</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>John A. Reital Sr.</b>
--	---	--

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>---</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>John A. Reital Sr.</b>	<b>ADDRESS</b> <b>St. Joseph, Mo.</b>
--	--	--	---------------------------------------

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>30 min.</b>  <b>15 yrs.</b>  <b>11 yrs.</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Pulmonary Embolism</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Cardio-vascular-renal disease</b>  <b>Diabetes Mellitus</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>none</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>442 X</b>
---	---	---

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
---	---	-----------------------------------

**22. I hereby certify that I attended the deceased from 6/12, 1939, to 10/15, 1950, that I last saw the deceased alive on 10/15, 1950, and that death occurred at 11:35 P.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>G. T. Bloomer, M.D.</b> (Degree or title)	<b>23b. ADDRESS</b> <b>1218 N. 3rd St. St. Joseph, Mo.</b>	<b>23c. DATE SIGNED</b> <b>10/16/50</b>
--	--	---

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Oct. 18, 1950</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Memorial Park Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Joseph, Missouri</b>
--	---------------------------------------	---	--

<b>DATE REC'D BY LOCAL REG.</b> <b>Oct 28, 1950</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Carl C. Casato</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>St. Joseph Funeral Home</b>	<b>ADDRESS</b> <b>St. Joseph, Missouri</b>
---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10-48  
117  
WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

**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.

Signed Charles M. Harman

Signed.....  
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St. Joseph

**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.