

FILED OCT 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. **34436**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 244	
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, write RURAL and give township) Atberby		c. LENGTH OF STAY (in this place) 37 years		c. CITY (If outside corporate limits, write RURAL and give township) Atberby		d. STREET ADDRESS (If rural, give location) 1212 First Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1212 First Avenue				d. STREET ADDRESS (If rural, give location) 1212 First Avenue			
3. NAME OF DECEASED a. (First) JOHN b. (Middle) CLYDE c. (Last) REIGHARD			6. DATE OF DEATH (Month) (Day) (Year) October-6-1950				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH March-17-1883	
9. AGE (in years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mine operator		10b. KIND OF BUSINESS OR INDUSTRY Coal		11. BIRTHPLACE (State or foreign country) Altona Pennsylvania	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Samuel S. Reighard		13b. MOTHER'S MAIDEN NAME Maria Weaver		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Edgar Fowler ADDRESS 1210 First Ave Atberby Mo			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure				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) Over exertion					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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) Natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Atberby Randolph Mo			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Oliver C. Barnes Coroner				23b. ADDRESS Atberby Mo.		23c. DATE SIGNED Oct. 7-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct-10-1950		24c. NAME OF CEMETERY OR CREMATORY Altona Pa.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. Oct 10-50		REGISTRAR'S SIGNATURE Leah W. Reinhardt		25. FUNERAL DIRECTOR'S SIGNATURE Snow Funeral Home Atberby Mo. ADDRESS			

MAY 7 1951

Date Received: OCT 16 1950
DISTRICT HEALTH OFFICE #
District File Number 10-5
Date Filed: OCT 17 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

R.M. Cater

Signed.....
Student Embalmer

Licensed Embalmer No. *4117*

P. O. Address *Moberly 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.