

No. 300
10.48

0461-61

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8262

State File No.

FILED MAR 19 1951

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>		c. LENGTH OF STAY (If this place) <u>6 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>1127 Jackson</u>		0461	
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>				d. STREET ADDRESS (If rural, give location) <u>West Plains, Mo</u>			
3. NAME OF DECEASED a. (First) <u>Allen</u> b. (Middle) <u>Edward</u> c. (Last) <u>Reberling</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-28-51</u>				
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>9-24-1873</u>		9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR: Months <u>4</u> Days <u>4</u> IF UNDER 12 HRS: Hours <u>4</u> Min. <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work while deceased was working. If retired, so state) <u>Retired Saw Officer</u>			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Blue Mound, Missis</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Owen Reberling</u>			13b. MOTHER'S MAIDEN NAME <u>Ediza Koles</u>		13c. NAME OF HUSBAND OR WIFE <u>Ediza Reberling</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown)		16. SOCIAL SECURITY NO. <u>566-28-3734</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ed Reberling, Rome, 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, asthemia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>10 yrs</u>
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					4221
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>11/26</u> , 19 <u>50</u> , to <u>1-28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-22</u> , 19 <u>51</u> , and that death occurred at <u>6:30</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>			(Degree or title) <u>Ch. Callahan, M.D.</u>		23b. ADDRESS <u>West Plains, Missouri</u>		
23c. DATE SIGNED <u>7/3/51</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>1-31-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains, MO</u>	
DATE REC'D BY LOCAL REG. <u>3-7-51</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		379		3. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>West Plains, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 12 1951

Dist. File 351-521

Date Filed 3-12-51

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

D. D. Robertson

Signed.....

Student Embalmer

Licensed Embalmer No. 3437

P. O. Address West Plains, 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.