

FILED SEP 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26210

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>892</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> <u>0119</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (If in this place) <u>8 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>3812 Terrace Ave.</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gottlieb</u> b. (Middle) <u>Michael</u> c. (Last) <u>Reber</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 21, 1951</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>October 10, 1875</u>		9. AGE (In years last birthday) <u>75</u>	F UNDER 1 YEAR Months	F UNDER 1 HR. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>doctor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dentist</u>		11. BIRTHPLACE (State or foreign country) <u>Warttenburg, Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Reber</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Dora May Rund Reber</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dora M. Reber, 3812 Terrace, St. Joseph, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY SCLEROSIS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 YRS.</u>
		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					<u>8 YRS.</u>
		DUE TO (b) <u>HYPERTENSION</u>					
		DUE TO (c) <u>ARTERIOSCLEROSIS, GENERAL</u>					
		II. OTHER SIGNIFICANT CONDITIONS <u>BIL. CONGENITAL CYSTIC KIDNEY</u> <u>BIL. CONGENITAL ADENOMA OF ADRENALS</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>DIABETES MELLITUS</u>				20. AUTOPSY? <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u> <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>4/11</u> , 1951, to <u>8/21</u> , 1951, that I last saw the deceased alive on <u>8/21</u> , 1951, and that death occurred at <u>2:15P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>706 Francis St., City</u>		23c. DATE SIGNED <u>8/23/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8/24/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. More Poo, vault</u>		24d. LOCATION (City, town; or county) (State) <u>St. Joseph, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Aug 30, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cash</u> <u>446</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton Bowman Funeral Home</u> ADDRESS <u>St Joseph, Mo.</u>			

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.

Student
Student Embalmer

Signed William Spelding

Licensed Embalmer No. 4530

P. O. Address 319 S. 11th St., Joseph, 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.