

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40762

State File No.

FILED DEC 31 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1321

1. PLACE OF DEATH a. COUNTY <u>Buchanan 0117</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mound City 0440</u>	
c. LENGTH OF STAY (in this place) <u>20 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Benhardt</u> b. (Middle) <u>Henry</u> c. (Last) <u>Rebel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 22, 1951</u>		
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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>May 27, 1895</u>		9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 15 MIN. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>On the farm</u>			11. BIRTHPLACE (State or foreign country) <u>Corning, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Henry Rebel</u>			13b. MOTHER'S MAIDEN NAME <u>Jena Heins</u>			14. NAME OF HUSBAND OR WIFE <u>Leona Rebel</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leona Rebel - Mound City, Mo</u>		ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>9 months</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension Arterial</u>						<u>9 months +</u>	
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephritis</u>						<u>3 months</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>443X</u>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 12-2-51, 1951, to 12-22-51, 1951; that I last saw the deceased alive on 12-22-51, 1951, and that death occurred at 12 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. S. Sims M.D.</u>		(Degree or title)		23b. ADDRESS <u>2078 & S St. Joseph, Mo</u>		23c. DATE SIGNED <u>12-23-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial + Removal</u>		24b. DATE <u>12/26/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>J.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Craig, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Dec 28, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl E. Cast</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur L. Scholer</u>		ADDRESS <u>Craig, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 4 1958

RECEIVED

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 _____

myself

working under my personal supervision.

Student Embalmer No.

Signed *Wilber L. Schooner*

Signed.....
Student Embalmer

Licensed Embalmer No. *3997*

P. O. Address *Craig, Ma.*

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.