

STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 28 1953

BIRTH NO.		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>215</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. LENGTH OF STAY (in this place) <u>7 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		d. STREET ADDRESS (If rural, give location) <u>611 S. Jefferson St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 18 1953</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARY</u>		b. (Middle) <u>ANNA</u>		c. (Last) <u>REUBER</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Indicate) <u>Widowed</u>		8. DATE OF BIRTH <u>March 24, 1882</u>	
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Herman H. Peters</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Buckner</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Reuber</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. Emil Gottmann, Washington, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u> <u>1st alarm</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>				20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 17</u> , 19 <u>50</u> , to <u>Dec 18</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Dec 17</u> , 19 <u>53</u> , and that death occurred at <u>3:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>U. L. Marshall, M.D.</u>				23b. ADDRESS <u>Washington, Mo.</u>		23c. DATE SIGNED <u>Dec 19, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec. 21, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12/21/53</u>		REGISTRAR'S SIGNATURE <u>L. E. Hedman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Diebner Pitt Inc.</u>		ADDRESS <u>Washington, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side) U. L. Marshall

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 _____

Lester H. Vitt
Licensed Embalmer No. 3354

P. O. Address Washington, 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.