

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

419

State File No. ....

6

REC'D JAN 15 1952

BIRTH NO. ....		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>Callaway.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Montana</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton.</u>		c. LENGTH OF STAY (in this place) <u>4 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>James town.</u>		<u>0680</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 1.</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ALBERT.</u>		b. (Middle) <u>E.</u>		c. (Last) <u>REBEATER</u>	
4. DATE OF DEATH		(Month) <u>Jan</u>		(Day) <u>9</u>		(Year) <u>52</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 15-1890</u>	9. AGE (In years last birthday) <u>71</u>	if UNDER 1 YEAR Months <u>8</u>	if UNDER 1 YEAR Days <u>24</u>	if UNDER 1 YEAR Hours <u></u> Min. <u></u>
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>farm</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. P.</u>	
13a. FATHER'S NAME <u>John Regeter</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Holden</u>		14. NAME OF HUSBAND OR WIFE <u>Lucretia Regeter</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>Hospital Records Fulton 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>hypostatic Pneumonia.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral arteriosclerosis.</u> DUE TO (c) <u></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	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NONE</u>			
22. I hereby certify that I attended the deceased from <u>4-4-52</u> , 19 <u>52</u> , to <u>1-9-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-8-52</u> , 19 <u>52</u> , and that death occurred at <u>1:15 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>C.S. Waraich M.D.</u> (Degree or title)				23b. ADDRESS <u>by A. T. Haynes, Fulton Mo.</u>		23c. DATE SIGNED <u>1-9-52.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/11/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>James town Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan-9-1952</u>		REGISTRAR'S SIGNATURE <u>Marilla Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Bowlin</u> ADDRESS <u>California Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Registrar

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 Carl Bowlin

Licensed Embalmer No. 2136

P. O. Address California 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.