

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29074**

FILED SEP 19 1955

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5134** Registrar's No. **991**

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Washington Twp OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 24 Yrs	c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 3936 Seneca Street			e. STREET ADDRESS (If rural, give location) 3936 Seneca Street		
3. NAME OF DECEASED (Type or Print) a. (First) Glenwood		b. (Middle) Martin	c. (Last) Preble	4. DATE OF DEATH (Month) (Day) (Year) September 13-1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 20th 1879	9. AGE (In years last birthday) 75 Yrs	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired; Implement Distributor, for the		10b. KIND OF BUSINESS OR INDUSTRY John Deere Co	11. BIRTHPLACE (City and State or Foreign Country) Washington, County, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Martin Preble		13b. MOTHER'S MAIDEN NAME Theresa Seifart		14. NAME OF HUSBAND OR WIFE Charlotte Mae Preble	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Charlotte Mae Preble, 3936 Seneca St CITY, ADDRESS			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 3-5 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (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.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 491X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **8-30, 1955** to **9-13, 1955** that I last saw the deceased alive on **Sept. -9-, 1955**, and that death occurred at **4:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. H. H. Johnson M.D.	23b. ADDRESS St. Joseph, Mo	23c. DATE SIGNED 9-13-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) (Burial)	24b. DATE Sept. 15, 1955	24c. NAME OF CEMETERY OR CREMATORY Mount Moriah Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri.

DATE REC'D BY LOCAL REG. Sept 15, 1955	REGISTRAR'S SIGNATURE Gather M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE 485	ADDRESS Maierhaff's Funeral Home St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0112

0117
c

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.....
Signature of Student Embalmer

Signed *Raymond H. Morehead*

Licensed Embalmer No.....⁴⁴¹³

P. O. Address St. Joseph.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.