

FILED SEP 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30228

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4322 Registrar's No. 38

1. PLACE OF DEATH
 a. COUNTY Monroe
 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Madison
 c. LENGTH OF STAY (In this place) 5 yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Monroe
 c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Madison
 d. STREET ADDRESS (If rural, give location) 0690

3. NAME OF DECEASED (Type or Print)
 a. (First) Paul b. (Middle) Hiram c. (Last) Prebble
 4. DATE OF DEATH (Month) (Day) (Year) 9-19-55

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
 8. DATE OF BIRTH 6/30/1865 9. AGE (In years last birthday) 60 10. UNDER 1 YEAR Months 0 11. UNDER 1 HOUR Hours 0 12. UNDER 1 MIN. Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Operator
 10b. KIND OF BUSINESS OR INDUSTRY Restaurant
 11. BIRTHPLACE (State or foreign country) Scandia, Kansas
 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Martin Albert Prebble 13b. MOTHER'S MAIDEN NAME Therese Perfect 14. NAME OF HUSBAND OR WIFE Claudia B. Wells

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. 511-01-0632 17. INFORMANT'S SIGNATURE OR NAME Mrs. Leta Gilman 18. ADDRESS 2105 SE 10th

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris
 ANTECEDENT CAUSES DUE TO (b) Heart block
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. 4202
 INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
8 mo.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan. 29, 1925, to Sept. 20, 1955, that I last saw the deceased alive on Sept. 19, 1955, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. P. Turner D.O. 23b. ADDRESS Madison Mo 23c. DATE SIGNED 9-20-55

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE 9/22/55 24c. NAME OF CEMETERY OR CREMATORY Scandia Cemetery, Scandia, Kansas 24d. LOCATION (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. 9/20/55 REGISTRAR'S SIGNATURE Edna Robertson 471-0 FUNERAL DIRECTOR'S SIGNATURE Red Chapman ADDRESS Madison, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

1690

3361 P. 17 1974

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Wm Fred A. Thompson

Signed.....
Student Embalmer

Licensed Embalmer No. 3282

P. O. Address Madison

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.