

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-013276**

Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 38

STATE FILE NUMBER

AMENDED

**FILED MAY 9 1961**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Gentry</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Stanberry</b>	a. STATE <b>Mo.</b>	b. COUNTY <b>Gentry</b>
Length of stay in lb <b>Life</b>		c. CITY OR TOWN <b>Stanberry, Mo.</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>111 N. Willow St.</b>		d. STREET ADDRESS (If outside, give location) <b>111 N. Willow St.</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <b>JESSIE</b>	Middle <b>LEE</b>	Last <b>PREBLE</b>	4. DATE OF DEATH	Month <b>April</b>	Day <b>25</b>	Year <b>1961</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-25-1880</b>	9. AGE (last birthday) <b>80</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Stanberry, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Newton Kier</b>	13b. MOTHER'S MAIDEN NAME <b>Ida Marsh</b>	14. NAME OF HUSBAND OR WIFE <b>Winfield Preble</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Mr. Myles Kier, Stanberry, Mo.</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage (Apoplexy)</b>	INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arterio Sclerotic</b>	
DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>arterio Sclerotic Heart disease</b>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. <b>[blacked out]</b>	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Viewed body after death</b>	COUNTY	STATE
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21. I attended the deceased from **Viewed body after death** to **3 A.M.** and last saw him alive on **the date stated above**, and to the best of my knowledge, from the causes stated.  
Death occurred at **3 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Jack Barnes, Coroner</b>	(Degree or title) <b>Coroner</b>	22b. ADDRESS <b>King City, Mo.</b>	22c. DATE SIGNED <b>5/26/61</b>
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22d. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>April 27, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>High Ridge Cemetery</b>	23d. LOCATION (City, town, or county) <b>Stanberry, Mo.</b>
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24. GENERAL DIRECTOR <b>JOHNSON FUNERAL HOMES, Stanberry, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>5-1-61</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. L. W. Bare</b>
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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 *Ross E. Johnson*

Licensed Embalmer No. 4948

P. O. Address Stanberry

**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.