

FILED DEC 21 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **42041**

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4422 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edgerton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edgerton</u>	
c. LENGTH OF STAY (In this place) <u>34 yrs.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Oakley</u> c. (Last) <u>Jobe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11/26/49</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3/14/1895</u>
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 28 HRS.: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Thompsonville, Kentucky</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Samuel Jobe</u>		13b. MOTHER'S MAIDEN NAME <u>Delia Jackson</u>	
14. NAME OF HUSBAND OR WIFE <u>Vina Mae Jobe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Vina Jobe Edgerton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Silicosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DUE TO (b) <u>worked in mines</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>5230</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>10-15</u> , 19 <u>47</u> , to <u>Nov. 20</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov. 20</u> , 19 <u>49</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John A. Robinson, M.D.</u>		23b. ADDRESS <u>Edgerton, Mo.</u>	
23c. DATE SIGNED <u>11-28-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-28-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Edgerton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-28-49</u>		REGISTRAR'S SIGNATURE <u>Ophia Rollins</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Vivian R. Cook</u>		ADDRESS <u>Edgerton Mo.</u>	

83063
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-20-49.....

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 Vivian R. Nash.....

Licensed Embalmer No. 3947.....

P. O. Address Edgerton 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.