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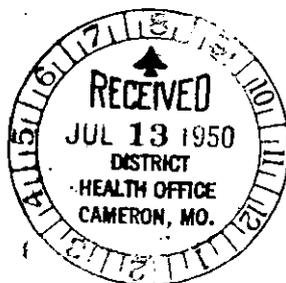
BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Prenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rt. #10400</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles N. Prenton</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>J.</u> b. (Middle) <u>DOYLE</u> c. (Last) <u>JOBE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 18, 1950</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>Jan. 21, 1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>J. O. Jobe</u>	
13b. MOTHER'S MAIDEN NAME <u>Hettie Daniel</u>		14. NAME OF HUSBAND OR WIFE <u>Lela Stringer Jobe</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>Mrs. Lela Jobe</u> ADDRESS <u>Rt. #1 Prenton</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>Acute Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Do not / fused</u> DUE TO (b) _____ DUE TO (c) _____ 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		11501	
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) m.	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>May 8th, 1950</u> to <u>May 18th, 1950</u> , that I last saw the deceased alive on <u>May 18th, 1950</u> , and that death occurred at <u>9:25 a.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Clair F. Duffy, M.D.</u>		23b. ADDRESS <u>Prenton Mo.</u>	23c. DATE SIGNED <u>May 20th, 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/20/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Prenton, Greene, Mo.</u>
DATE REC'D BY LOCAL REG. <u>May 20, 1950</u>	REGISTRAR'S SIGNATURE <u>Irene Jauri</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. N. Gifford</u>	ADDRESS <u>Prenton</u>

(Licensed Embalmer's Statement on Reverse Side)

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



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.....

Donald H. Slater

Signed.....
Student Embalmer

Licensed Embalmer No. *4467*

P. O. Address *Trenton, 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.