

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **31105**

**FILED SEP 20 1950**

No. 500  
10.48

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

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>304A</u>		Registrar's No. <u>41</u>	
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>MILLER</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>MILLER</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Eldon</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Eldon</u>		0661	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4th + AURORA</u>				d. STREET ADDRESS (If rural, give location) <u>4th + AURORA.</u>			
<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>				
a. (First) <u>Chum</u>		b. (Middle)		c. (Last) <u>Jobe</u>		(Month) (Day) (Year) <u>SEPT. 7 1950</u>	
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>Nov. 15, 1893</u>		<b>9. AGE</b> (In years last birthday) <u>56</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>TANK WAGON DRIVER</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>SINCLAIR OILS</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Miller Co., Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>William T. Jobe</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>HANNAH BOUGE</u>			<b>14. NAME OF HUSBAND OR WIFE</b> <u>MARY P. JOBE</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>078-05-1120</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mary P. Jobe</u>		<b>ADDRESS</b> <u>Eldon, Mo.</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Acute myocardial failure</u>				<u>5 mins</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u>				<u>9rs</u>	
		DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.				<u>4222</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>on Sept. 7, 1950</u>, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:00P m.</u>, from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> <u>Walter P. Nedgas</u>			<b>23b. ADDRESS</b> <u>Lawrence 3, St. Louis, Missouri</u>			<b>23c. DATE SIGNED</b> <u>9/7/50</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>		<b>24b. DATE</b> <u>Sept. 9, 1950</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Dooley</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Eldon, MO</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>Sept. 8, 50</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Adelberta Walcott</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Walter P. Nedgas</u>		<b>ADDRESS</b> <u>Eldon, Mo.</u>	

*[Faint, illegible handwritten text]*

**RECEIVED**

SEP 14 1950

MILLER COUNTY HEALTH  
DEPARTMENT

**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 Louis N. Phillips

Signed.....  
Student Embalmer

Licensed Embalmer No. 3663

P. O. Address Ellen

**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.