S. No. 300
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FILED DEC 4 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36216

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1333

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 18 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2804 Patee Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 2804 Patee Street 0

3. NAME OF DECEASED (Type or Print)
a. (First): Nellie
b. (Middle):
c. (Last): Jobe

4. DATE OF DEATH (Month) (Day) (Year): November 24, 1950

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: November 17, 1874
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Barnard, Missouri. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Francis Conlin
13b. MOTHER'S MAIDEN NAME: Sarah E. Robinson
14. NAME OF HUSBAND OR WIFE: Martin Jobe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ******
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mavis Wilson St. Joseph, Missouri.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 3 HOURS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ARTERIOSCLEROSIS — UNKNOWN
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: — 332X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
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): none

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* 11-24, 1950, *to* 11-25, 1950, *that I last saw the deceased alive on* 11-24, 1950, *and that death occurred at* 1:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Allen Sherman M.D. 0
23b. ADDRESS: St. Joseph, Mo. 620 Francis St.
23c. DATE SIGNED: 11-25-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Nov. 26, 1950
24c. NAME OF CEMETERY OR CREMATORY: Barnard Cemetery
24d. LOCATION (City, town, or county) (State): Barnard, Missouri.

DATE REC'D BY LOCAL REG.: Nov. 29, 1950
REGISTRAR'S SIGNATURE: Carl C. Castro 446
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Walter Meierhoffer St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 *** ********
Student Embalmer

Signed Albert C. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.