

FILED FEB 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1998

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 5863 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>	
b. CITY OR TOWN <u>Couch</u>		c. CITY OR TOWN <u>Couch</u>	
c. LENGTH OF STAY (In this place) <u>65 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0750</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>PERBA</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>JOBE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 9, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Nov. 25, 1869</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 12 HOURS Days <u>14</u>	IF UNDER 24 HOURS Hours <u>Min.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Wright Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Will Preston</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hayes</u>	14. NAME OF HUSBAND OR WIFE <u>John Bailey Jobe</u>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Alford Jobe</u>	ADDRESS <u>Couch, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 9 51</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 1, 1950, to Jan 8, 1951, that I last saw the deceased alive on Jan 9, 1951, and that death occurred at 10:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Alford Jobe</u>	(Degree or title)	23b. ADDRESS <u>Alford Jobe</u>	23c. DATE SIGNED <u>Jan 15/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 11, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jobe Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Oregon Co., Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-27-51</u>	REGISTRAR'S SIGNATURE <u>Ella Grass</u>	416	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Carter</u>	ADDRESS <u>Thayer, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

250

RECEIVED

JAN 31 1951

DISTRICT HEALTH OFFICE No. 6

No.

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.....

Richard Carter

Licensed Embalmer No. *4516*

P. O. Address *Sharon, 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.