

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 1952

BIRTH NO. ... REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 346

1. PLACE OF DEATH a. COUNTY Cole b. CITY OR TOWN Jefferson City c. LENGTH OF STAY 35 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived.) a. STATE Missouri b. COUNTY Cole c. CITY OR TOWN Jefferson City d. STREET ADDRESS 1221 West High Street

3. NAME OF DECEASED a. (First) Albert b. (Middle) None c. (Last) Jobe 4. DATE OF DEATH (Month) (Day) (Year) Dec 29 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 8. DATE OF BIRTH Oct-8-1885 9. AGE (In years last birthday) 66

10a. USUAL OCCUPATION Jewelry Store Owner 10b. KIND OF BUSINESS OR INDUSTRY Jewelry 11. BIRTHPLACE (State or foreign country) Elston, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Mephy Jobe 13b. MOTHER'S MAIDEN NAME Nancy Peeper 14. NAME OF HUSBAND OR WIFE Oma B. Jobe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Oma B. Jobe, Jefferson City, Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral hemorrhage 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 331X 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-27, 1951, to 12-29, 1951, that I last saw the deceased alive on 12-29, 1951, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan-1-1952 24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery 24d. LOCATION (City, town, or village) (State) Jefferson City, Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dec 31-1951 R.P. Harris M.D. Mr. J. Gordon Jefferson City, Mo

(Licensed Embalmer's Statement on Reverse Side)

No. 300 10.48

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

264

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RECEIVED

JAN 5

1952  
9 AM

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed JAN 5 1952 \_\_\_\_\_

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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 *Joseph J. Lord*

Licensed Embalmer No. 1986

P. O. Address *Jefferson City 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.