

STANDARD CERTIFICATE OF DEATH

State File No. **17439**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **173**

**1. PLACE OF DEATH**  
 a. COUNTY **Pettis**  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Sedalia**  
 c. LENGTH OF STAY (in this place) OR TOWNSHIP **5 Months**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **202 1/2 S. Ohio**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE **Missouri** b. COUNTY **Pettis**  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Sedalia, MO 64**  
 d. STREET ADDRESS (If rural, give location) **202 1/2 S. Ohio**

**3. NAME OF DECEASED**  
 a. (First) **Dorothy** b. (Middle) **Pearl** c. (Last) **Jobe**  
 4. DATE OF DEATH (Month) (Day) (Year) **May 24, 1952**

**5. SEX** **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married**  
**8. DATE OF BIRTH** **Sept 26, 1894** **9. AGE (In years last birthday)** **57** **IF UNDER 1 YEAR** **7 Months 28 Days** **IF UNDER 24 HRS.** **Hours Min.**

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Waitress** **10b. KIND OF BUSINESS OR INDUSTRY** **Restaurant**  
**11. BIRTHPLACE** (State or foreign country) **Saline County, Mo.** **12. CITIZEN OF WHAT COUNTRY?** **USA**

**13a. FATHER'S NAME** **Hase Meier** **13b. MOTHER'S MAIDEN NAME** **Unknown** **14. NAME OF HUSBAND OR WIFE** **Arthur P. Jobe**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **No** (If yes, give war or dates of service) **None** **16. SOCIAL SECURITY NO.** \_\_\_\_\_ **17. INFORMANT'S SIGNATURE OR NAME / ADDRESS** **Arthur P. Jobe, Sedalia, Mo.**

**18. CAUSE OF DEATH**  
 Enter only one cause per line for (a), (b), and (c)  
**1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** **Carcinoma of Uterus**  
**INTERVAL BETWEEN ONSET AND DEATH** **unknown**  
**ANTECEDENT CAUSES**  
 \*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) **Chronic Parenchymatous Nephritis**  
 DUE TO (c) **Acute Myocarditis**  
**II. OTHER SIGNIFICANT CONDITIONS**  
 Conditions contributing to the death but not related to the disease or condition causing death. **Secondary Anemia**

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_ **20. AUTOPSY?** YES  NO  **174X**

**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**  **NOT WHILE AT WORK**  **21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from** **5-22-** **1952**, **to** **5-22-** **1952**, **that I last saw the deceased alive on** **5-22-** **1952** **and that death occurred at** **10:27 a.m.**, **from the causes and on the date stated above.**

**23a. SIGNATURE** (Degree or title) **A. R. Maddox M.D.** **23b. ADDRESS** **116 1/2 W. Main** **23c. DATE SIGNED** **May 26 52**

**24a. BURIAL, CREMATION, REMOVAL (Specify)** **Burial** **24b. DATE** **May 27, 1952** **24c. NAME OF CEMETERY OR CREMATORY** **Union Cemetery** **24d. LOCATION (City, town, or county) (State)** **Rocky Mount, Mo.**

**DATE REC'D BY LOCAL REG.** **6-4-1952** **REGISTRAR'S SIGNATURE** **W. H. Campbell M.D.** **25. FUNERAL DIRECTOR'S SIGNATURE** **W. H. Campbell** **ADDRESS** **Sedalia, Mo.**

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

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ESSEX CO. NO. 2

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 *R. E. Baker* .....

Licensed Embalmer No. *2419* .....

P. O. Address *Sedalia 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.