S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35759

FILED NOV 3 1952

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: MORGAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - MOREAU
c. LENGTH OF STAY (in this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 mi - W - BARNETT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MORGAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - MOREAU
d. STREET ADDRESS (If rural, give location): 2 mi - W - BARNETT

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3. NAME OF DECEASED (Type or Print)
a. (First): REBECCA -
b. (Middle): ELLEN -
c. (Last): JOBSON

4. DATE OF DEATH (Month) (Day) (Year): Oct 29 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 9 1872

9. AGE (In years last birthday): 80
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): House - wife

10b. KIND OF BUSINESS OR INDUSTRY: At - Home

11. BIRTHPLACE (State or foreign country): Miller Co. Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wm - ALLEN - Chister

13b. MOTHER'S MAIDEN NAME: Virginia - A - Jobson

14. NAME OF HUSBAND OR WIFE: Samuel - Jobson

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.: None

17. INFORMANT'S SIGNATURE OR NAME: Samuel - Jobson
ADDRESS: Barnett Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

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

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

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None 331 X

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.): None

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None 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* Sept 29 1952 *to* Oct 29 1952 *that I last saw the deceased alive on* Oct 27 1952 *and that death occurred at* 3:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. L. Washburn (Degree or title): M.D.

23b. ADDRESS: Versailles - Mo

23c. DATE SIGNED: 31 Oct 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 31 Oct 52

24c. NAME OF CEMETERY OR CREMATORY: Blue - Springs

24d. LOCATION (City, town, or county) (State): Miller - Co - Mo

DATE REC'D BY LOCAL REG.: Oct 31 - 1952

REGISTRAR'S SIGNATURE: 214-0 J. L. Washburn, M.D. Per Vera O. Kilgore, Deputy

25. FUNERAL DIRECTOR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side): Keith M. Hays

ADDRESS: Eldon Mo

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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Keith M Kays

Licensed Embalmer No. 3998

P. O. Address Eldon, 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.