

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39448

State File No. \_\_\_\_\_  
Registrar's No. 537

FILED DEC 8 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>		c. CITY OR TOWN <b>JOPLIN</b>	
c. LENGTH OF STAY (in this place) YRS <b>YRS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>1807 BYERS</b>		e. STREET ADDRESS (If rural, give location) <b>1807 BYERS</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CHARLES</b>	b. (Middle) <b>ARTHUR</b>	c. (Last) <b>JOBSON.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>NOV 24, 1953</b>
-------------------------------------	------------------------------	------------------------------	-----------------------------	--

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT 21, 1891</b>	9. AGE (In years last birthday) Months Days <b>62</b>	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) <b>RETIRED OWNER; AUTO BODY &amp; FENDER WORKS</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>ST. LOUIS, MO.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>0</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	--	--	--

13a. FATHER'S NAME <b>WILLIAM JOBSON</b>	13b. MOTHER'S MAIDEN NAME <b>MARGARET FEE</b>	14. NAME OF HUSBAND OR WIFE <b>GLADYS JOBSON</b>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>GLADYS JOBSON, 1807 BYERS, JOPLIN</b>	ADDRESS <b>GLADYS JOBSON, 1807 BYERS, JOPLIN</b>
--	--------------------------------------	---	---

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		INTERVAL BETWEEN ONSET AND DEATH <b>15 min.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		
	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. <b>Hypertension</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 1919 to 1953, that I last saw the deceased alive on Nov. 8, 1953, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. H. Hamilton, M.D.</b>	(Degree or title) <b>FRISCO BLDG. MO.</b>	23b. ADDRESS <b>FRISCO BLDG. MO.</b>	23c. DATE SIGNED <b>11-28-53</b>
---	--	---	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>11-27-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. HOPE</b>	24d. LOCATION (City, town, or county) (State) <b>WEBB CITY, MISSOURI</b>
--	------------------------------	---	---

DATE RECD BY LOCAL REG. <b>11-30-53</b>	REGISTRAR'S SIGNATURE <b>Ed S. James 138</b> <b>by Salala Lemkins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>	ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>
--	---	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 7 1953

Jasper County Health Office

County File Number 53-12-969

Date Filed DEC 7 1953

DEC 5 1953

JUL 30 1958

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.....  
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 231

P. O. Address Joplin

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.