

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12111**

FILED MAY 6 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1701

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 40 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2401 College		e. STREET ADDRESS (If rural, give location) 2401 College	
3. NAME OF DECEASED (Type or Print) Orlando Jobe		4. DATE OF DEATH (Month) (Day) (Year) April 13, 1954	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 13, 1886
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hodcarrier	11. BIRTHPLACE (City and State or Foreign Country) Emporia, Kansas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hodcarrier		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
12. CITIZEN OF WHAT COUNTRY? USA		13. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Jobe		13b. MOTHER'S MAIDEN NAME Ellen Love	
14. NAME OF HUSBAND OR WIFE Hazel Jobe		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 305-05-8033		17. INFORMANT'S SIGNATURE OR NAME Hazel Jobe	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left hemithorax ANTECEDENT CAUSES DUE TO (b) Ruptured aortic aneurysm DUE TO (c) Syphilis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. INTERVAL BETWEEN ONSET AND DEATH 6 days 6 days many years 2 months		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1 February 1954 to 13 Apr , 1954, that I last saw the deceased live on 12 Apr , 1954, and that death occurred at 10:45 P m., from the causes and on the date stated above.			
23a. SIGNATURE A. Lieberman Jr.		23b. ADDRESS 1103 Grand Ave.	
23c. DATE SIGNED 14 Apr 54		23d. (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/17/54	
24c. NAME OF CEMETERY OR CREMATORY Woodland Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
DATE REC'D BY LOCAL REG. 4-15-54		REGISTRAR'S SIGNATURE Seraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros.		ADDRESS 18th & Benton	

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

*Dr. J. Luberman
Professional Body*

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..... *Bruce L. Watkins*

Licensed Embalmer No. *456*

P. O. Address *18th & 2nd*

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.