

FILED APR 27 1954

STANDARD CERTIFICATE OF DEATH

State File No. 13065

0930

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 6055 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Schell City- Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Schell City- Rural</u> <u>0930</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>3 Miles E. Schell City</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3 Miles E. Schell City</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) <u>---</u>	
c. (Last) <u>Jobe</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar, 26, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 15, 1884</u>
9. AGE (In years last birthday) <u>69</u>		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>California Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Jobe</u>	
13b. MOTHER'S MAIDEN NAME <u>Nora Lowry</u>		14. NAME OF HUSBAND OR WIFE <u>Goldia Jobe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Goldia Jobe, Schell City Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the cause of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Do not know</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>Don't know</u>		19a. DATE OF OPERATION <u>None</u>	
19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>	
22. I hereby certify that I attended the deceased from <u>2-2-1954</u> to <u>3-25-1954</u> , that I last saw the deceased alive on <u>3-25-1954</u> , and that death occurred at <u>2:30A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J.W. Richardson M.D.</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>Giffin Mo</u>	
23c. DATE SIGNED <u>3-27-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3-29-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Sedalia Missouri</u>		DATE REC'D BY LOCAL REG. <u>April 22, 1954</u>	
REGISTRAR'S SIGNATURE <u>Chas Abney</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.B. ...</u>	

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 J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola, 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.