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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29716

State File No. \_\_\_\_\_

FILED SEP 20 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5018 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Andrew Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Andrew Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rea. Rural Palatka</u>	c. LENGTH OF STAY (In this place) <u>3 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rea. Rural 1 mile south of Whitesville. Palatka Twn.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm Home.</u>		d. STREET ADDRESS (If rural, give location) <u>1020</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Katherine</u>	b. (Middle) _____	c. (Last) <u>Jobe</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9.13.1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>8.17.1887.</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>27</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Garden City Kans.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George Dickerson</u>	13b. MOTHER'S MAIDEN NAME <u>May Hard</u>	14. NAME OF HUSBAND OR WIFE <u>Chas. F. Jobe.</u>
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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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chas. F. Jobe. Rea Mo. R.R.</u>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Embolism</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 19, to 9.13.1954, that I last saw the deceased alive on 19, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.E. Maxwell, D.O.</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>307 W. Main, Savannah, Mo.</u>	23c. DATE SIGNED <u>9/14/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9.15.1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barnard</u>	24d. LOCATION (City, town, or county) (State) <u>Barnard Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-15-54</u>	REGISTRAR'S SIGNATURE <u>H. Parks.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. G. Jaggard</u>	ADDRESS <u>King City Mo.</u>
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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 R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.