

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35703

State File No. ....

FILED NOV 7 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6175 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harris</u>	
c. LENGTH OF STAY (in this place) <u>3 mos</u>		d. STREET ADDRESS (If rural, give location) <u>1058</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Ruth</u>	b. (Middle) <u>Lou Tona</u>	c. (Last) <u>Jobe</u>	(Month) <u>10</u>	(Day) <u>20</u>	(Year) <u>1955</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>2-9-1882</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>H</u>	11. BIRTHPLACE (State or foreign country) <u>Newtown, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>J. Taylor Pigg</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Tucker</u>	14. NAME OF HUSBAND OR WIFE <u>J.C. Jobe</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>W. Ray Jobe</u>	ADDRESS <u>Harris Mo</u>
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 da</u>  <u>10 yrs</u>	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Typhoid pneumonia</u>	DUE TO (b) <u>chronic myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c)	<u>A 2 2 2</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	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 1/1, 1950, to 10/20, 1955, that I last saw the deceased alive on 10/20, 1955, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Ray Jobe</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Harris, Mo</u>	23c. DATE SIGNED <u>10/21/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 23-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Center Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Newtown (Sullivan) Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-31-1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>	320-6	25. FUNERAL DIRECTOR'S SIGNATURE <u>Scudt &amp; Wayne Quattara</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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 T. Howard Jewell

Licensed Embalmer No. 3240

P. O. Address New London

**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.