

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3560

State File No. ....

FILED FEB 14 1956		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 6181		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Sullivan			
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural-Penn Twp.		c. LENGTH OF STAY (in this place) 10 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Rural-Penn Twp.		1250	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 mi. S. E. Green City				d. STREET ADDRESS (If rural, give location) 3 mi. SE Green City			
3. NAME OF DECEASED (Type or Print) a. (First) Clayton b. (Middle) Taylor c. (Last) Jobe			4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1956				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 15, 1908	
9. AGE (In years last birthday) 48		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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Clifton Jobe		13b. MOTHER'S MAIDEN NAME Ruth Lou Tona Pigg		14. NAME OF HUSBAND OR WIFE Ruth Jones 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. 491-42-1668		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruth Jobe, Green Castle, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbidity 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.					INTERVAL BETWEEN ONSET AND DEATH 70 MIN.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  4201				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) m.		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 Jan 15, 1954, to Feb 1, 1956; that I last saw the deceased alive on Feb 1, 1956, and that death occurred at 3:20 p.m., from the causes and on the date stated above.							
23a. SIGNATURE R.D. Smith		(Degree or title) D.O.		23b. ADDRESS Green Oak, Mo		23c. DATE SIGNED Feb 3, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 5, 1956		24c. NAME OF CEMETERY OR CREMATORY Green City Cemetery		24d. LOCATION (City, town, or county) (State) Green City, Mo.	
DATE REC'D BY LOCAL REG. 2-6-56		REGISTRAR'S SIGNATURE Mrs. M.W. Beckett		525 FUNERAL DIRECTOR'S SIGNATURE Glenn E. Heatson		ADDRESS Green City, Mo	

(Licensed Embalmer's Statement on Reverse Side)

FEB 21 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 \_\_\_\_\_

~~Student Embalmer~~

Signed \_\_\_\_\_

*Karl R. Kent*

Licensed Embalmer No. 4689

P. O. Address Green City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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