

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032753

STATE FILE NUMBER

4350

Health,
& Welfare
Public
Service

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

W. M. Ketchum

FILED OCT 1 1958		Registration District No. 149		Primary Registration District No. 1002		Registrar's No. 4350	
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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Length of stay in 1b 40 yrs.		d. STREET ADDRESS 4983 Ward Parkway		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MR. HARRY C JOBES				4. DATE OF DEATH Month Day Year September 12, 1958			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10 - 31 - 1877		9. AGE (In years last birthday) 80	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) Livestock Investments		10b. KIND OF BUSINESS OR INDUSTRY Banking		11. BIRTHPLACE (City and state or country) Mississippi		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles S. Jobes		13b. MOTHER'S MAIDEN NAME Alma Taylor		14. NAME OF HUSBAND OR WIFE Susan Jobes			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W. W. #1		16. SOCIAL SECURITY NO. 440-55-0528		17. INFORMANT Address Susan Jobes 4983 Ward Parkway K. C. Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Right Lung						INTERVAL BETWEEN ONSET AND DEATH 6 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____						11c3x	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Buller's Emphysema						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from August 1954 to 9/12/58 and last saw him alive on 9-11-58 Death occurred at 12:05 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>W. M. Ketchum</i> (Degree or title) MO				22b. ADDRESS KC MO		22c. DATE SIGNED 9/12/58 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 13, 1958	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		23d. LOCATION (City, town, or county) Kansas City, Missouri		
24. FUNERAL DIRECTOR ADDRESS Stine & McClure Und. Co., K. C., Mo				25. DATE RECD. BY LOCAL REG. 9-12-58		26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	

(Licensed Embalmer's Statement on Reverse Side)

4-11-11-11-11-11

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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 *William M. Turner*

Licensed Embalmer No. *11648*
P. O. Address *Keosauqua City, Ia.*

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.