

FILED VS JUN 20 1960

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 182

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Adair</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, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Length of stay in 1b <u>4 days</u>		c. CITY OR TOWN <u>Green City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>No street address</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Joan</u> Middle <u>Catherine</u> Last <u>Jobe</u>				4. DATE OF DEATH Month <u>May</u> Day <u>28</u> Year <u>1960</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7/26/1935</u>		9. AGE (last birthday) <u>24</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>County Office</u>		11. BIRTHPLACE (City and state or country) <u>Centerville, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>Joseph E. Grenko</u>				13b. MOTHER'S MAIDEN NAME <u>Cecelia Mihalovich</u>				14. NAME OF HUSBAND OR WIFE <u>John T. Jobe</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>Don't know</u>		17. INFORMANT Address <u>John T. Jobe, Green City, Mo.</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PULMONARY THROMBOSIS</u>										INTERVAL BETWEEN ONSET AND DEATH <u>20-30 min</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>RIGHT VENTRICULAR THROMBOSIS</u>										UNKNOWN			
DUE TO (c) <u>CONVULSIONS FROM VIRAL ENCEPHALITIS WITH PNEUMOCOCCUS ENCEPHALITIS SUPERIMPOSED</u>										5-7 days			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>PREVIOUS INFLUENZA</u>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 <u>5-25-60</u> to <u>5-28-60</u> and last saw her <u>living</u> alive on <u>5-27-60</u> Death occurred at <u>2:30</u> <u>PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Paul H. [Signature]</u> (Degree or title)						22b. ADDRESS <u>Centerville, Mo</u>				22c. DATE SIGNED <u>6-5-60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5/31/1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		23d. LOCATION (City, town, or county) <u>Centerville, Ia.</u>							
24. FUNERAL DIRECTOR <u>Blaine E. Fink</u> ADDRESS <u>Green City, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>6.16.1960</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Patoff</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 3 1960

EARL LAUGHLIN, JR. D.D.

VS JUN 21 1960

Handwritten notes in the left margin, including "OFFICE" and "STATEMENT BY LICENSED EMBALMER".

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Earl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City

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.