

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027177 ✓

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 2002 Registrar's No. 3548 STATE FILE NUMBER

FILED JUL 25 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

K. J. Shireman

| | | | |
|---|---|---|--|
| 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 | | Length of stay in 1b 20 yrs. | 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 1515 Elmwood | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1515 Elmwood Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Vernon Middle O. Last Jobe | | | 4. DATE OF DEATH July 5, 1962 Month July Day 5 Year 1962 |
| 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 8/21/1916 |
| 9. AGE (last birthday) 45 | | IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0 | IF UNDER 24 HR. Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hoisting Engineer | | 10b. KIND OF BUSINESS OR INDUSTRY Shaw Constr. Co. | 11. BIRTHPLACE (City and state or country) Eldon, Missouri |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Lee A. Jobe | |
| 13b. MOTHER'S MAIDEN NAME Dora E. Strange | | 14. NAME OF HUSBAND OR WIFE Dorothy M. Jobe | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) no | | 16. SOCIAL SECURITY NO. [REDACTED] | 17. INFORMANT Dorothy Jobe Address 1515 Elmwood K.C., Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal Carcinoma i metastasis | | | INTERVAL BETWEEN ONSET AND DEATH 1 yr. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 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 _____ a.m. _____ p.m. Month, Day, Year _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Kansas City, Mo. | 20f. CITY, TOWN, OR LOCATION Kansas City, Mo. | COUNTY Jackson STATE Mo. |
| 21. I attended the deceased from May 27, 1962 to July 3, 1962 and last saw her alive on July 3, 1962 Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge from the causes stated. | | | |
| 22a. SIGNATURE K. J. Shireman, M.D. (Degree or title) | | 22b. ADDRESS 4606 St John Rd | 22c. DATE SIGNED |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE July 9, 1962 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
| 24. FUNERAL DIRECTOR Earp & Sons ADDRESS 4707 Truman Rd. K.C., Mo. | | 25. DATE RECD. BY LOCAL REG. 7-16-62 | 26. REGISTRAR'S SIGNATURE Ruth A Long |

Dr. Kenneth S. Shivers
4606 St. John
25th 1 P.M.

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 James W. Eays
Licensed Embalmer No. 4622

P. O. Address 17. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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