

FILED JUN 20 1957

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

20221

STATE FILE NUMBER

 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 392

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY, <b>Oregon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Jobe Township</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Doctor's Hospital</b>		Length of stay in 1b <b>5da 14 hrs</b>	d. STREET ADDRESS (If outside, give location) <b>275</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>Alfred</b> Last <b>Jobe</b>			4. DATE OF DEATH Month <b>June</b> Day <b>6</b> Year <b>1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 3, 1891</b>
9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>3</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Couch, Missouri</b>
13. FATHER'S NAME <b>John Bailey Jobe</b>		14. MOTHER'S MAIDEN NAME <b>Pheba Ann Preston</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. Kermit Branum, Couch, Missouri</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Distal intestinal hemorrhage</b> DUE TO (b) <b>Aneurysm of Rhodospira Portia</b> DUE TO (c) <b>Erosion into gastro-intestinal tract.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>451X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 wks</b> 19. WAS AUTOPSY PERFORMED? <b>2</b> 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 <b>0</b> Month <b>0</b> Day <b>0</b> Year <b>0</b> a. m. <b>0</b> p. m. <b>0</b>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. CITY, TOWN, OR LOCATION <b>Poplar Bluff, Missouri</b>		20f. COUNTY <b>Butler</b> STATE <b>Missouri</b>
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Marvin L. Barber, MD</b>		22b. ADDRESS <b>Poplar Bluff, Missouri</b>	22c. DATE SIGNED <b>6/7/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 8, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cotton Creek Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Oregon County, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Carter Funeral Home, Thayer, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6/2/57</b>	26. REGISTRAR'S SIGNATURE <b>W. N. Muehle</b>

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare Public Services

300 1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Social, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED

JUN 17 1957  
BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

MAY 2 1958

JUN 2 1957  
JUL 3 1957

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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 *Wallace N. Fitch*

Licensed Embalmer No. *385*

P. O. Address *Pepper Bluff*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.

Y6.17