

FILED NOV 24 1951

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. K333 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksburg</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>No street numbers</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No street numbers</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alonzo</u> b. (Middle) <u>Vince</u> c. (Last) <u>Jobe</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 11, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Apr. 10, 1858</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Moniteau County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>Native</u>	

13a. FATHER'S NAME <u>B. R. Jobe</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Lawson</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Susan Jobe, Clarksburg, Mo</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> <u>10 years</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	20. 'AUTOPSY?' YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 5, 1951, to Nov 11, 1951, that I last saw the deceased alive on Nov 10, 1951, and that death occurred at 6 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Kerwyn Latham</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>California, Mo</u>	23c. DATE SIGNED <u>11-13-51</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/13/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CLARKSBURG, MO.</u>
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DATE REC'D BY LOCAL REG. <u>11-16-51</u>	REGISTRAR'S SIGNATURE <u>H. R. Poppey</u>	202 FEDERAL DIRECTOR'S SIGNATURE <u>S. R. ...</u>	ADDRESS <u>...</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 23 1951

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed NOV 23 1951 -----

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 *Jessie E. Richards*
Licensed Embalmer No. *2466*

P. O. Address *Tipton, 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 this body is not embalmed, fact should be so stated above.