

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **17597**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **6022** Registrar's No. **38**

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY OR TOWN <b>Rural-Richmond Twnshp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Richmond Twnshp</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4 miles SW of Richmond</b>		d. STREET ADDRESS (If rural, give location) <b>4 miles SW of Richmond</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JAMES</b>	b. (Middle) <b>MONROE</b>	c. (Last) <b>JOBE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 17, 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>July 31, 1875</b>	9. AGE (In years last birthday) <b>76</b>	10 UNDER 1 YEAR Months <b>9</b> Days <b>16</b>	11 UNDER 1 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	11. BIRTHPLACE (State or foreign country) <b>Richmond, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William T. Jobe</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Emaline Price</b>	14. NAME OF HUSBAND OR WIFE <b>—</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. J. Frank Brown, Richmond, Mo.</b> ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>9 hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Dilatation</b>		
	ANTECEDENT CAUSES <b>Virus Infection</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>—</b> DUE TO (c) <b>—</b>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 **5-1-52**, 19**52** to **5-17-52**, 19**52** that I last saw the deceased alive on **5-15-52**, 19**52** and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. G. Gay, M.D.</b> (Deceased or title)	23b. ADDRESS <b>Richmond Mo.</b>	23c. DATE SIGNED <b>5-17-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 19, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Hope Cemetery</b>	24d. LOCATION (City, town, or county), (State) <b>5 miles SW of Richmond, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>May 19-1952</b>	REGISTRAR'S SIGNATURE <b>Maluel Jackson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thurman Funeral Home</b> ADDRESS <b>Richmond, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**#me**  
**0890**  
**1**

**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, ~~XXXX~~.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Wm. S. Thurman.....

Licensed Embalmer No. 4563.....

P. O. Address Richmond, 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.