

FILED MAY 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12239

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>5554</u>		Registrar's No. <u>4</u>			
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>					
b. CITY OR TOWN <u>Pattersonville</u>		c. LENGTH OF STAY (in this place) <u>60 yrs</u>		c. CITY OR TOWN <u>Pattersonville</u>		46			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Spring Creek</u>				d. STREET ADDRESS (If rural, give location) <u>R 2 B</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Dusan</u>		b. (Middle) <u>B</u>		c. (Last) <u>Jabar</u>			
4. DATE OF DEATH		(Month) <u>4</u>		(Day) <u>12</u>		(Year) <u>49</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>W</u>		8. DATE OF BIRTH <u>10-20-1862</u>			
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>22</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>News writer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Canada</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Bateman</u>		13b. MOTHER'S MAIDEN NAME <u>Jane</u>			
14. NAME OF HUSBAND OR WIFE <u>J. D. Jabar</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>					
16. SOCIAL SECURITY NO. <u></u>				17. INFORMANT'S SIGNATURE OR NAME <u>H. W. Jabar</u>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		<u>Howell</u> <u>MO</u>			
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? <u>fall</u>					
22. I hereby certify that I attended the deceased from <u>1-27</u> , 18 <u>90</u> to <u>4-12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-12</u> , 19 <u>49</u> , and that death occurred at <u>1000</u> hrs., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>D. H. Cook</u>				23b. ADDRESS <u>Berkshire, Mo.</u>		23c. DATE SIGNED <u>4-18-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>4-15-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edgeton</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar, Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-26-49</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		379		5. FUNERAL DIRECTOR'S SIGNATURE <u>Roberson, Patterson, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 5,

District File Number 549314

Date Filed 5-6-49

**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 \_\_\_\_\_

.....  
working under my personal supervision.

Student Embalmer No. ....

Student .....  
Student Embalmer

Signed

*A. D. Robertson*

Licensed Embalmer No. 3437

P. O. Address West Haven,

*West Haven*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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