

THE DIVISION OF HEALTH OF MISSOURI
FILED MAR 15 1950 STANDARD CERTIFICATE OF DEATH

 State File No. **5555**
 Registrar's No. **39**

| | | | | | |
|--|-------------------------------|---|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. 251 | | PRIMARY REG. DIST. NO. 3048 | |
| 1. PLACE OF DEATH a. COUNTY Nodaway | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville | | c. LENGTH OF STAY (If this place) 10 days | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville - rural | | 6740 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital | | | d. STREET ADDRESS (If rural, give location) Northwest | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) EDWARD | | b. (Middle) WALCIE | |
| | | c. (Last) BABB | | 4. DATE OF DEATH (Month) (Day) (Year) 3 2 50 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 10/26/64 | 9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (State or foreign country) Albia, Iowa | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Samuel Martin Babb | | 13b. MOTHER'S MAIDEN NAME Julia Ann Sweartz | | 14. NAME OF HUSBAND OR WIFE dec. Nora Almeda Burris Babb, | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Howard Ringold, Maryville, Mo. | | |
| 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) Bronchial pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) acute appendicitis and hemorrhage 5 to 600 cc. 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 2 days |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | | |
| 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? | | |
| 22. I hereby certify that I attended the deceased from Feb 21, 1950 , to March 2, 1950 , that I last saw the deceased alive on Mar 2, 1950 and that death occurred at 8:30A.m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE E. D. Jones (Degree or title) M. D. | | | 23b. ADDRESS Maryville, Missouri | | 23c. DATE SIGNED Mar 4, 1950 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 3/6/50 | 24c. NAME OF CEMETERY OR CREMATORY Evergreen | 24d. LOCATION (City, town, or county) (State) Red Oak, Iowa | | |
| DATE REC'D BY LOCAL REG. 2-11-50 | | REGISTRAR'S SIGNATURE Bess Holt | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home Maryville, Mo. | | |

(Licensed Embalmer's Statement on Reverse Side)

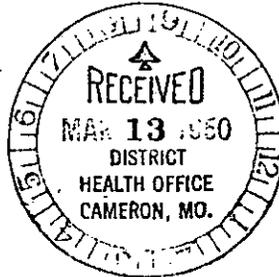
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 31 1950

MAR 29 1950

JUN 22 1950

AUG 24 1950



~~OCT 29 1952~~

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 Robert L. Senter

Licensed Embalmer No. 4782

P. O. Address Maryville 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.