

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BUCHANAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST-JOSEPH</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST-JOSEPH</u> <u>0117</u>	
c. LENGTH OF STAY (In this place) <u>20-YRS</u>		d. STREET ADDRESS (If rural, give location) <u>1102 ROOSEVELT</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1102 ROOSEVELT</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>AMOS</u> - b. (Middle) <u>F.</u> - c. (Last) <u>BABB</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1-1952</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHT</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT-12-1862</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 MRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CLERK</u>	11. BIRTHPLACE (State or foreign country) <u>ALBIA-TOWA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>
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13a. FATHER'S NAME <u>SAMUEL M. BABB</u>	13b. MOTHER'S MAIDEN NAME <u>LULIA A. SWARTZ</u>	14. NAME OF HUSBAND OR WIFE <u>Amos J Babb</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jess E Babb</u> ADDRESS <u>St Joseph</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH ? ?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</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>446X</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 Dec 24, 1951, to Jan 1, 1952; that I last saw the deceased alive on Jan 1, 1952, and that death occurred at 4: P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clifford R Steidley DC</u> (Degree or title)	23b. ADDRESS <u>801 1/2 Francis</u>	23c. DATE SIGNED <u>Jan 2-52</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>Jan 3-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairland Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Fairland Okla</u>
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DATE REC'D BY LOCAL REG. <u>Jan 7, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Costello</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Stoney Funeral Home</u> ADDRESS <u>St Joseph Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Charles E. Bennett

Signed.....

Student Embalmer

Licensed Embalmer No. 4637

P. O. Address St Joseph 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.