

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9433

State File No.

FILED APR 10 1952

BIRTH NO.		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 4418		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY PLATTE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PLATTE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMDEN POINT				c. CITY (If outside corporate limits, write RURAL and give township) Green OR TOWN CAMDEN POINT			
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) SUSAN		a. (First) HEATH		b. (Middle) BABER		c. (Last)	
5. SEX 1 FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH DEC. 7, 1865	
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		11. BIRTHPLACE (State or foreign country) PLATTE CO. MO. 0		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME JACKSON HEATH		13b. MOTHER'S MAIDEN NAME ELIZABETH		14. NAME OF HUSBAND OR WIFE FRAZIE GEORGE W. BABER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME CHAS. B. BABER		ADDRESS CAMDEN POINT, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture, Femur ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, Heart disease 10 years 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 015 E9030-20			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident at her home				21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) CAMDEN POINT			
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) PLATTE MO				21f. HOW DID INJURY OCCUR? Fall in floor			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 6, 1952				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
22. I hereby certify that I attended the deceased from 3-6 , 1952, to 3-31 , 1952, that I last saw the deceased alive on 3-31 , 1952, and that death occurred at 9:30 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE J. L. Durham (Degree or title)				23b. ADDRESS M.D. Dearborn MO			
23c. DATE SIGNED 4-1-52							
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-3-1952		24c. NAME OF CEMETERY OR CREMATORY SMITH CEMETERY		24d. LOCATION (City, town, or county) (State) PLATTE CO. MO	
DATE REC'D BY LOCAL REG. April 2-5-2		REGISTRAR'S SIGNATURE Alpha Raelins		25. FUNERAL DIRECTOR'S SIGNATURE VAUGHN-AUFRANC		ADDRESS DEARBORN MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

0830

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

W. R. Dargh

Licensed Embalmer No. *4023*

P. O. Address *Weston 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.