

FILED MAY 21 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17511

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 1964 Registrar's No. 492

1. PLACE OF DEATH a. COUNTY <i>Platte 0830</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <i>Mo</i> b. COUNTY <i>Platte, MO 30</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Parkville, RFD. 1</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Parkville, RFD. 1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>at home</i>		d. STREET ADDRESS (If rural, give location) <i>6 1/2 mi. N.W. Parkville</i>	

3. NAME OF DECEASED (Type or Print) <i>Marie Josephine Babcock</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May 8 1952</i>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <i>Female</i>	6. COLOR OR RACE <i>Holland</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Dec. 31, 1913</i>	9. AGE (In years last birthday) <i>38</i>	IF UNDER 1 YEAR Months <i>4</i>	IF UNDER 1 YEAR Days <i>7</i>	IF UNDER 14 HRS. Hours <i></i>	IF UNDER 14 HRS. Min. <i></i>
-------------------------	------------------------------------	--	--	--	---------------------------------------	-------------------------------------	--------------------------------------	-------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>home maker</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	11. BIRTHPLACE (State or foreign country) <i>Maastricht, Holland</i>	12. MARRIAGE WHAT COUNTY <i>Missouri</i>
--	---	---	---

13a. FATHER'S NAME <i>Henry Ritzen</i>	13b. MOTHER'S MAIDEN NAME <i>?</i>	14. NAME OF HUSBAND OR WIFE <i>Lawrence Babcock</i>
---	---------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Lawrence Babcock</i>	ADDRESS <i>Parkville, Mo</i>
---	--------------------------------------	--	---------------------------------

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) <i>Hemorrhage (cerebral) brain stem ?</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8 hrs.</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>cause undetermined (possible brain tumor)</i>		
	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 <i>193X</i>	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)
--	--	---

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 *5/7/52*, 19\_\_\_, to *5/8/52*, 19\_\_\_, that I last saw the deceased alive on *5/7/52*, 19\_\_\_, and that death occurred at *5:00A* m., from the causes and on the date stated above.

23a. SIGNATURE <i>D. M. Miller</i> D. M. Miller M. D.	(Degree or title) <i>D</i>	23b. ADDRESS <i>Platte City, Missouri</i>	23c. DATE SIGNED <i>5/14/52</i>
---	----------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>May 10 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Hampton Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Parkville Mo</i>
---	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <i>May 10, 1952</i>	REGISTRAR'S SIGNATURE <i>Opheia Rollins</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Deland H. Francis</i>	ADDRESS <i>Parkville, Mo</i>
---	--	--	---------------------------------

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

D. M. Miller

**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

*Leland K. Francis*

Licensed Embalmer No.

*3451*

P. O. Address

*Parkville*

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.