

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5709**
957

FILED MAR 13 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 50 Yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				e. STREET ADDRESS (If rural, give location) 2532 Bales			
3. NAME OF DECEASED (Type or Print) a. (First) Ethel		b. (Middle) H		c. (Last) Babcock		4. DATE OF DEATH (Month) (Day) (Year) Feb. 13 1953	
5. SEX F		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2		8. DATE OF BIRTH 8-8-79	
9. AGE (In years last birthday) 73		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 HR. Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) Harrisville Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Harrisville Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Montgomery			13b. MOTHER'S MAIDEN NAME Laura Grisham			14. NAME OF HUSBAND OR WIFE Walter Babcock (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. S.R/ Gardner Ludlow Missouri.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure; hypostatic pneumonia				INTERVAL BETWEEN ONSET AND DEATH 2-11-53	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease				-	
		DUE TO (c) Fracture right hip				12-27-52	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 12-29-52		19b. MAJOR FINDINGS OF OPERATION 123				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 23 52 ? m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall			
22. I hereby certify that I attended the deceased from Dec. 27, 1952 , to Feb. 13, 1953 , that I last saw the deceased alive on Feb. 13, 1953 , and that death occurred at 7:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE B. I. Burns, M.D.				23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 2-14-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/16/53		24c. NAME OF CEMETERY OR CREMATORY Crown Hill		24d. LOCATION (City, town, or county) (State) Excelsior Spgs. Mo.	
DATE REC'D BY LOCAL REG. 2-14-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earp & Sons Kansas City, Missouri			

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

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address 17 C 2

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.