

FILED MAR 31 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11183

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2861

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		a. STATE ILLINOIS b. COUNTY CLAY	
c. LENGTH OF STAY (In this place) 1 WEEK		c. CITY (If outside corporate limits, write RURAL and give township) FLORA	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL		d. STREET ADDRESS (If rural, give location) 600 S. MAIN	

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SARAH CATHERINE BABCOCK	SARAH	CATHERINE	BABCOCK	MAR. 14-1953

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec 31 1887	9. AGE (In years) (last birthday) 65	10. MONTHS 2	11. DAYS 13	12. CITIZEN OF WHAT COUNTRY? USA
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) TEXAS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Bingham	13b. MOTHER'S MAIDEN NAME Eva Higginbottom	14. NAME OF HUSBAND OR WIFE G.F. BABCOCK
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Murray D. Babcock	ADDRESS 600 S. Main, Flora, Ill
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 Minutes 2-3 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 3-9-53	19b. MAJOR FINDINGS OF OPERATION Adeno-carcinoma of rectum	20. AUTOPSY? YES <input checked="" 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 154X
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22. I hereby certify that I attended the deceased from 3-2, 1953, to 3-13, 1953, that I last saw the deceased alive on 3-13, 1953, and that death occurred at 9:58 a.m., from the causes and on the date stated above.

23a. SIGNATURE W. Douglas M.H.	(Degree or title)	23b. ADDRESS 508 N. Bond St. Springfield, Mo	23c. DATE SIGNED 3-16-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 3/16/53	24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery	24d. LOCATION (City, town, or county) (State) CLAY COUNTY, ILL.
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DATE REC'D BY LOCAL MAR 16 1953	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Bull Campbell Mortuary	ADDRESS 4215 Lindell
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed Rex E Campbell  
Student Embalmer No. ....

Licensed Embalmer No. 3881

P. O. Address St Louis 8 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.