

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **13293**

FILED MAY 4 1953

BIRTH NO.

REG. DIST. NO. **42**PRIMARY REG. DIST. NO. **1000**Registrar's No. **493**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b> <b>0117</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1517 Seymour Street</b>		d. STREET ADDRESS (If rural, give location) <b>1517 Seymour Street</b> <b>0</b>	
3. NAME OF DECEASED (Type or Print) <b>HENRY E. BABCOCK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 27, 1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>December 18-1890</b> <b>62</b>
9. AGE (In years last birthday) <b>62</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner-Babcock, repair &amp; Refinishing Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Fort Worth, Texas</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Furniture DUSTRY</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>William H. Babcock</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Mary Babcock</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War # 1.</b>		16. SOCIAL SECURITY NO. <b>487-14-4666</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary Babcock, 1517 Seymour St.</b>
18. CAUSE OF DEATH PER LINE FOR (a), (b), and (c) Enter only one cause  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Thrombosis</b> <b>1 day</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>4-20-1</b> DUE TO (c) <b>Man Collapsed and died suddenly while working in his yard at his home.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>There is no history of recent serious illness or disability</b>	
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. HOW DID INJURY OCCUR?	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that <del>caused</del> the deceased <b>died</b> on <b>4/27</b> , 19 <b>53</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:30p m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H. F. Mundy M.D. (Coroner)</b>		23b. ADDRESS <b>St. Joseph Mo.</b>	
23c. DATE SIGNED <b>4/28/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>(Burial)</b>		24b. DATE <b>Apr. 30, 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>		24d. LOCATION (City, town, or county) <b>St. Joseph, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>April 30, 1953</b>		REGISTRAR'S SIGNATURE <b>445 Ruth M. Allison</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Meierhoffer-Schwaner</b>		ADDRESS <b>St. Joseph, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 13 1958

STATEMENT BY LICENSED EMBALMER

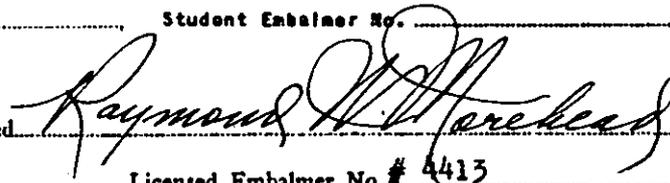
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. # 4413

P. O. Address St. Joseph, Missouri.

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.