

STANDARD CERTIFICATE OF DEATH

32438

State File No. _____

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

BIRTH NO. SEP 28 1953 REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Charleston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u>	
c. LENGTH OF STAY (in this place) <u>34 Years</u>		d. STREET ADDRESS (If rural, give location) <u>710 E. Commercial St.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Res. 710 E. Commercial St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>Edwin</u>	c. (Last) <u>Babcock</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August, 23, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July, 6, 1873</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paper Hanger & Painter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Paper Hanger & Painter</u>	11. BIRTHPLACE (State or foreign country) <u>Shelbina, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George W. Babcock</u>	13b. MOTHER'S MAIDEN NAME <u>Angeline Bishop</u>	14. NAME OF HUSBAND OR WIFE <u>Nancy Taylor Babcock</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u> </u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hazeldine Babcock, Charleston, Mo.</u>	ADDRESS <u> </u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u> </u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diseminated Ca</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary Ca of Lung</u> DUE TO (c) <u> </u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u> </u>			

19a. DATE OF OPERATION <u>Now</u>	19b. MAJOR FINDINGS OF OPERATION <u> </u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u> </u>
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22. I hereby certify that I attended the deceased from June 15, 1953, to Aug 23, 1953, that I last saw the deceased alive on Aug 22, 1953, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Charles Luning M.D.</u>	(Degree or title) <u> </u>	23b. ADDRESS <u>Charleston Mo</u>	23c. DATE SIGNED <u>8/26/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/26/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-20-53</u>	REGISTRAR'S SIGNATURE <u>Jean F. Hearnes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Gunter</u>	ADDRESS <u>The Nunnelee Funeral Chapel, Charleston, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Miss. Co. Health Dept

SEP 24 1953

County File No. 963

Date Filed SEP 25 1953

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 Edward E. Nunnelee

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.